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CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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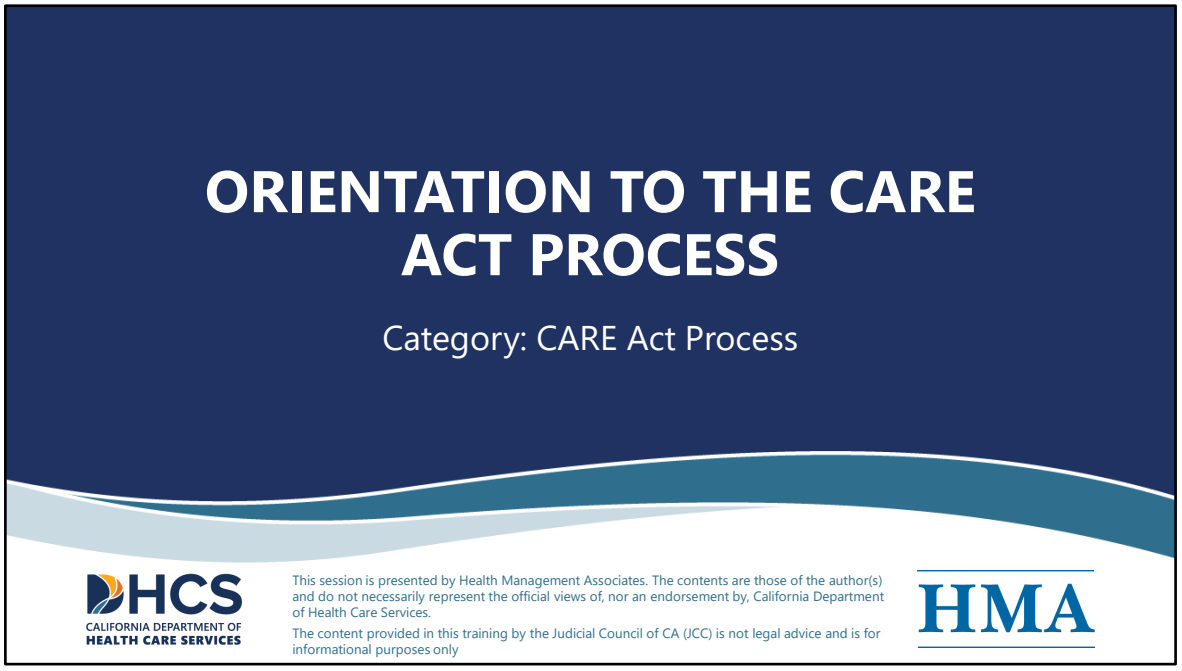

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

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Presenter

LEELA KAPUR, JD
Mental Health Law Lead
Health Management Associates

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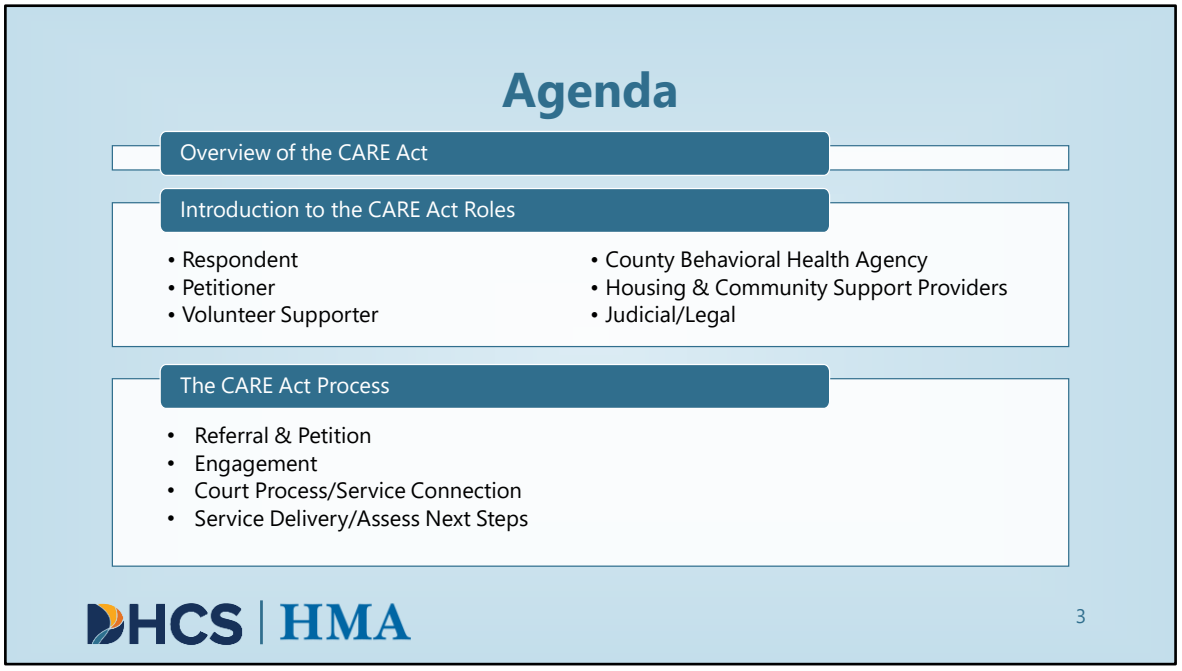
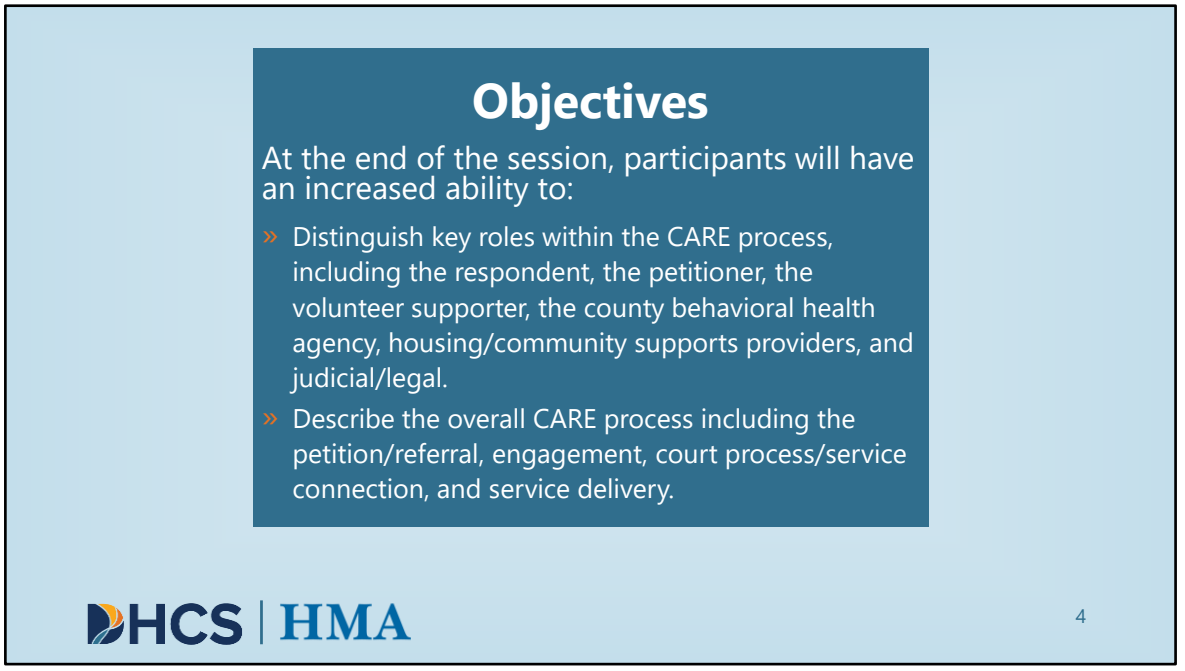
[Slide Image Description: This slide includes an image of the presenter of this training on a light blue background.]

Leela Kapur, JD, Mental Health Law Lead / Leela is an attorney with more than 30 years of public service representing Los Angeles County and the City of Los Angeles, and experience as counsel for the County's Departments of Health and Mental Health.



[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

In this training, we are giving a high-level overview of the roles and process for providing services under the CARE Act. This first section will provide an overview of the CARE Act, and then the next two sections will go over the roles and the process.



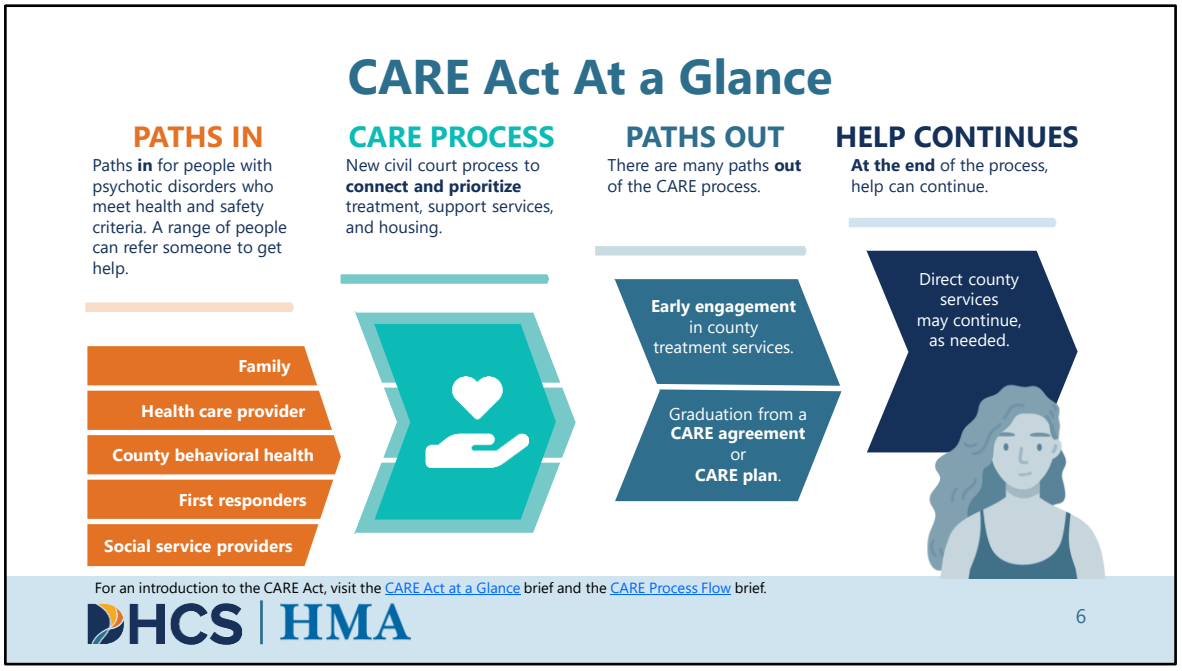
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Distinguish key roles within the CARE process, including the respondent, the petitioner, the volunteer supporter, the county behavioral health agency, housing/community supports providers, and judicial/legal.
- Describe the overall CARE process including the petition/referral, engagement, court process/service connection, and service delivery.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will be going over the CARE process at a very high level.



[Slide Image Description: This slide shows the CARE Act at a glance with an icon image of an individual and a heart hovering over a hand.]

The CARE Act creates a new pathway to deliver mental health and substance use disorder services to a subset of Californians with the most complex behavioral health conditions.

The CARE Act is more than just a process. It's a way to connect individuals to services in their communities. There are many paths in, and there are individualized paths out. Each path begins when someone files a petition, which means that the petitioner believes someone is eligible and would benefit from additional support. In this process, that individual is referred to as the "respondent," or the person being connected to services.

The goal is to give personalized support that someone would benefit from.

For an introduction to the CARE Act, visit the CARE Act at a Glance brief and the CARE Process Flow brief.

1. Paths in:
    - There are several potential people who can start the process in for people with schizophrenia spectrum and other psychotic disorders who meet health and safety criteria. A range of people can refer someone to get help.
    - Those that can "petition" for an individual to be considered for CARE Act services include:
        - Family member (parent, spouse, sibling, child, or grandparent).
        - Health care provider.
        - County behavioral health (BH).
        - First responders.
        - Social service providers

2. CARE process:
    - The CARE process is a new civil court process to connect and prioritize treatment, support services, and housing.
    - The three main paths to services triggered by a petition include voluntary engagement with services, the CARE agreement, and the CARE plan. All these paths essentially connect the individual with treatment, services, and support.
    - Voluntary engagement:
        - The individual engages early with county BH and accepts services voluntarily. In which case, services and supports can be provided outside of the CARE process.
    - The CARE agreement:
        - Treatment, services, and supports take place within the CARE process.
        - All parties are in agreement on the treatment and services that support the recovery of the CARE respondent.
        - A CARE agreement is approved by the court.
    - Finally, the CARE plan:
        - Treatment, services, and supports again take place within the CARE process.
        - In this case, if parties were not able to reach an agreement, the court will adopt elements of the parties' proposed plan(s) into a CARE plan that supports the recovery of the individual.
    - The key here is that all of this is triggered by that initial referral, or petition. By referring or petitioning someone to CARE, a wide net is cast to engage them in services.

1. Paths out:
    - There are many paths out of the CARE process.
        - Early on in the court process, the county BH agency will attempt to engage the individual in treatment services. At this point, it may be possible to divert the respondent from the CARE process through this engagement.
        - Other paths out of the CARE process can include a graduation from a CARE agreement or CARE plan.
2. Help continues:
    - At the end of the process, help can continue.
    - Direct county services may continue, as needed.

[Slide Image Description: This slide shows 10 boxes that depict ways the CARE model can help.]

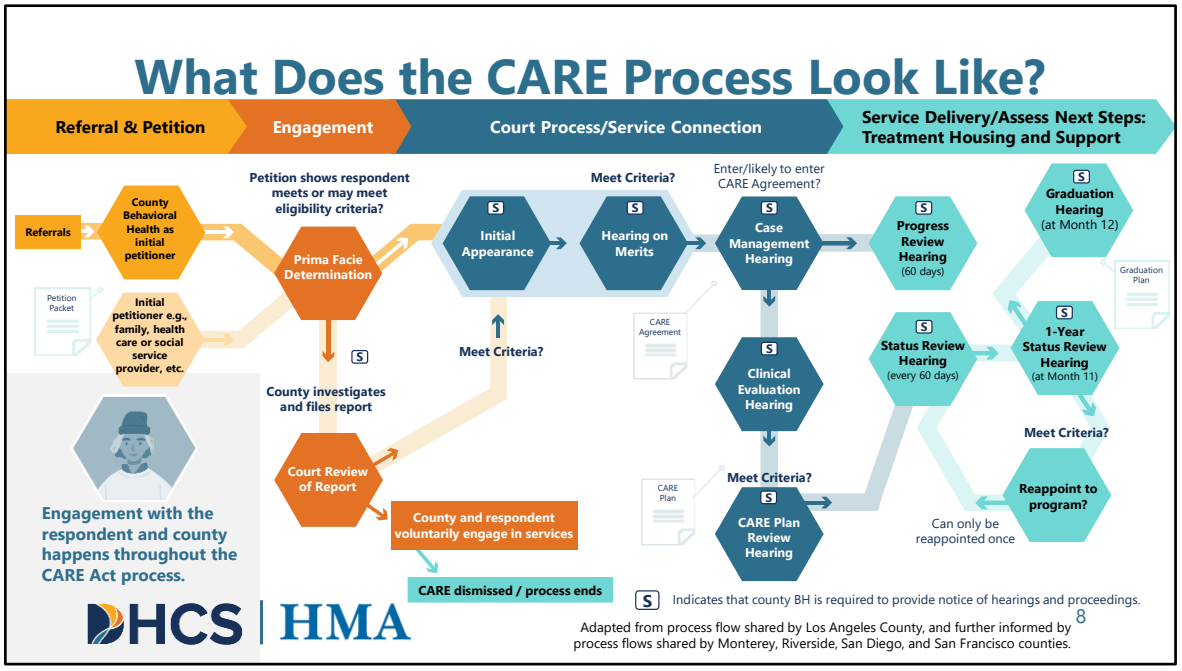
The CARE Act process aims to serve as an upstream intervention and support for individuals with schizophrenia spectrum or other psychotic disorders, which may assist in preventing hospitalizations, incarcerations, and Lanterman-Petris-Short (LPS) conservatorships.

Leveraging the state's investments in behavioral health and homelessness prevention, CARE ensures access to comprehensive and wraparound treatment, housing, and other services and supports to promote stabilization and recovery. CARE adds another option in the continuum of care, with the goal of helping individuals stabilize, move towards recovery, and thrive in community-based settings.

CARE includes the following approaches to support the success of eligible respondents:

- Trauma-informed outreach and engagement – behavioral health teams are being strategic and creative in locating and engaging respondents into their services, meeting the CARE respondent "where they are at," and often starting with providing resources and meeting immediate needs to build rapport and trust.

- Wraparound services and coordination, multidisciplinary model of care – teams are typically considering the Assertive Community Treatment (ACT) or Full Service Partnership (FSP) model of care.
    - Linkage to other services, including CalAIM programs such as Enhanced Care Management (ECM) and Community Supports.
- Housing that ideally includes additional supports, which may include behavioral health services, case management, substance use disorder services, and peer support.
- Medications as a part of the comprehensive behavioral health services.
- Peer Recovery Supports may be an important part of an individual's recovery, with mutuality, mentorship, and coaching. In addition, many CARE teams are incorporating peer support into both their behavioral health teams and homeless outreach teams, which have been found to contribute to engagement efforts.
- Overall, the CARE Act uplifts the tenets of the recovery model, in that:
    - All components of the CARE agreement and CARE plan must be individualized to the respondent's needs and preferences.
    - CARE speaks to the development of a psychiatric advanced directive that outlines the respondent's treatment and personal preferences. These can be utilized in moments of crisis and also inform ongoing treatment planning.
    - CARE speaks to the volunteer supporter role – a person who is approved by the respondent to support the respondent in expressing their preferences, choices, and decisions.
- Please note that the CARE Act adds an element of county accountability to provide the services outlined in the CARE agreement and CARE plan.
- CARE is the least restrictive alternative to conservatorship.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

The CARE Act process can take different pathways through the civil court.

The process begins with a petition being filed. The assessment and engagement follows with the county BH agency. Then, the case continues to the court process and connection with services.

Again, the goal is to connect individuals to services, and engagement with the CARE respondent continues throughout the process.

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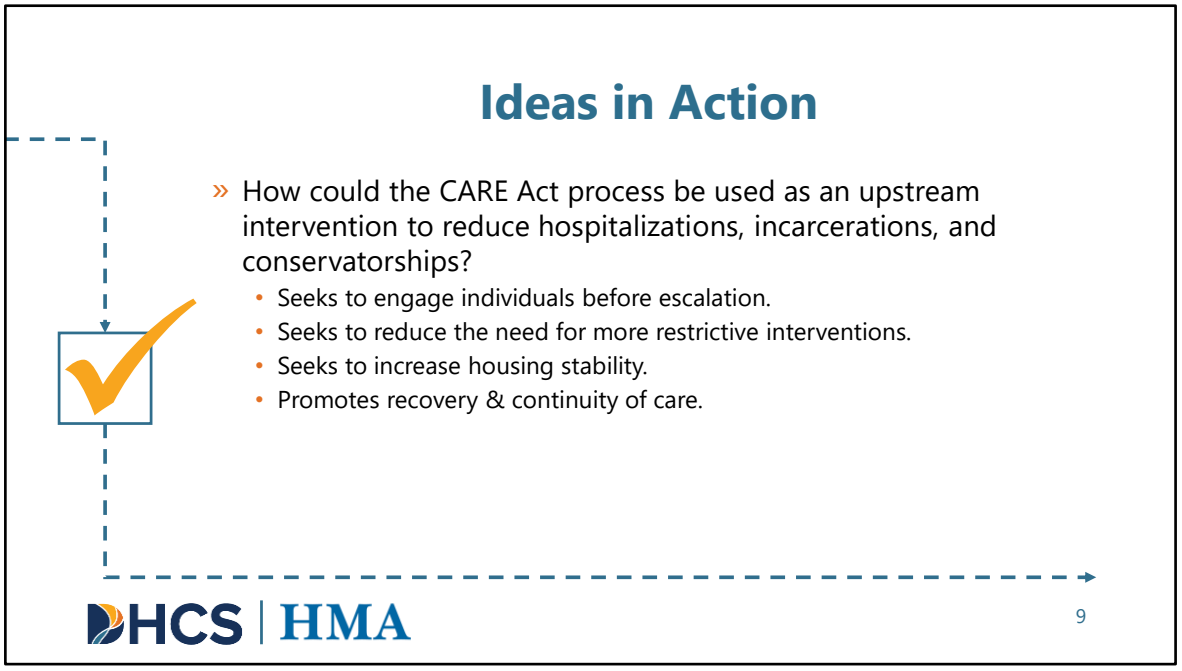
Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a prima facie determination to see if the respondent meets the criteria.

- If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
- If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.

1. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the initial appearance).
2. If the respondent still meets the criteria, then there will be a case management hearing.
    - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
3. If it is determined at the case management hearing that a CARE agreement is not likely to be reached, the court will order a clinical evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
4. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
5. There will then be a status review hearing at least every 60 days.
6. At month 11, there will be a one-year status review hearing to determine next steps:
    1. The respondent will graduate (and have a graduation hearing at month 12).
    Or,
    2. The respondent will be reappointed to the program, which can only happen once.

Adapted from process flow shared by Los Angeles County, and further informed by process flows shared by Monterey, Riverside, San Diego, and San Francisco counties.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

How could the CARE Act process be used as an upstream intervention to reduce hospitalizations, incarcerations, and conservatorships?

- The CARE Act process allows us to identify individuals at risk of hospitalization, incarceration, or conservatorship earlier in their behavioral health journey. By engaging respondents before their conditions escalate, we can provide timely interventions that stabilize their situations and prevent crises.
- The CARE Act provides a less restrictive alternative to conservatorship by empowering respondents to participate in their own recovery plans. This fosters autonomy and engagement, reducing the need for more restrictive interventions down the line.
- The inclusion of supported housing as a part of the CARE Act ensures respondents have a stable environment, which is critical for maintaining mental health and avoiding situations that might otherwise result in hospitalization or contact with the justice system.
- CARE agreements and CARE plans emphasize recovery and continuity of care, which help respondents achieve long-term stability and reduce the risk of future crises requiring acute interventions.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we are going to provide an overview of the primary roles in the CARE Act.

Overview of CARE Act Roles

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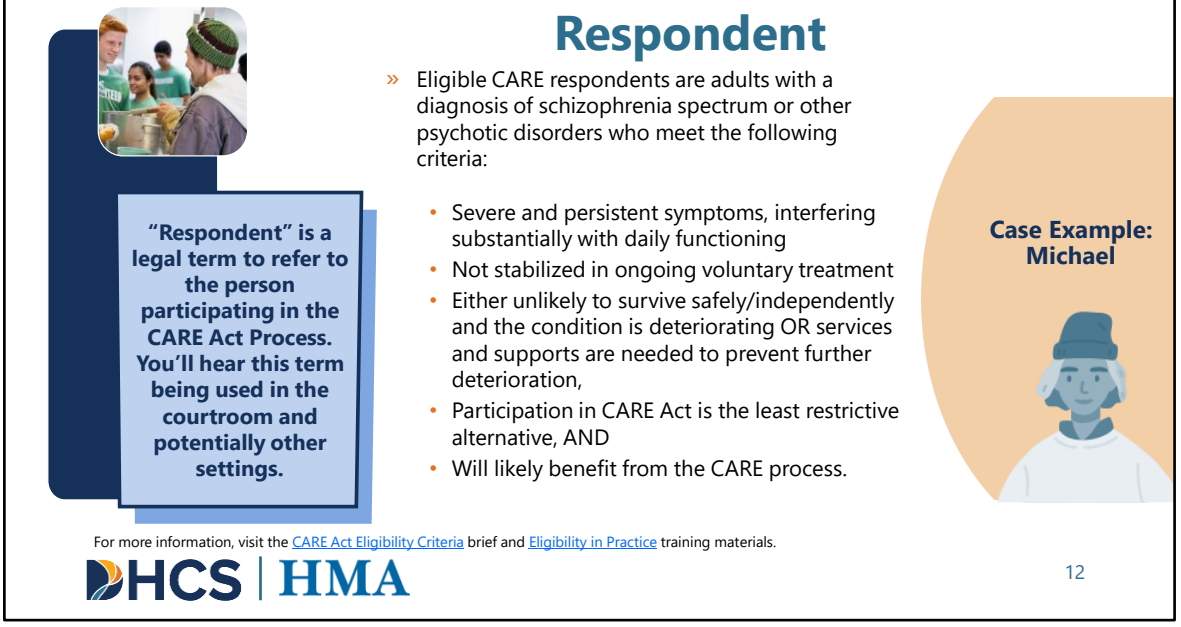
[Slide Image Description: This slide shows colorful boxes listing the roles included in the CARE Act process.]

These are the primary roles in the CARE process: the respondent, the petitioner, judicial & legal roles, volunteer supporter, the county behavioral health agency, and housing and community support providers.



[Slide Image Description: This slide shows a picture of volunteers distributing food as well as a silhouette of a person representing the case example, Michael.]

The first role to discuss is the respondent. Keep in mind that the word "respondent" is a legal term that refers to the person participating in the CARE process. You'll hear this term being used in the courtroom and potentially other settings. They also might be referenced as a CARE "participant."

This slide gives a summary of the eligibility criteria for folks who may access the CARE process. Potential CARE respondents for the CARE process are adults 18 years and older with a diagnosis of schizophrenia spectrum or other psychotic disorders and who meet the following criteria:

- Symptoms that are severe in degree and persistent in duration, which interfere substantially with primary activities of daily life and daily functioning
  - and which may result in an inability to maintain stable adjustment and independent functioning without treatment/support and rehabilitation for a long or indefinite period of time,
- Not stabilized in ongoing voluntary outpatient treatment,
- Either unlikely to survive safely/independently in the community and the condition is

deteriorating OR services and supports are needed to prevent relapse or deterioration,

- Participation in CARE Act is the least restrictive alternative,
    - The CARE process is an alternative to other avenues, such as the LPS process or incarceration
- The person will likely benefit from participating in a CARE plan or CARE agreement because the process will connect them with those additional services supports and treatment.

In our Eligibility in Practice training, we go over these eligibility criteria in more detail, including some misconceptions about eligibility. For example, evidence of 5250s is not a requirement for CARE eligibility. Evidence of detention for at least two intensive treatments (5250), the most recent one within the last 60 days, is one of the two options required to support or bolster the petition, but it's not eligible criteria on its own.

In the next section, we will be talking about the process using a case scenario: Michael. For the purpose of this training, we'll be talking about Michael as our CARE respondent, and we will consider the role of family members, behavioral health providers, and other roles that he intersects as he navigates through the CARE process.

For more information, visit the CARE Act Eligibility Criteria brief and Eligibility in Practice training materials.

Petitioner

A petitioner could include:

- Family members (parent, spouse, sibling, child, or grandparent)
- A roommate/housemate
- The respondent
- A licensed behavioral health professional* involved in respondent's treatment
- A public guardian or conservator*
- A first responder or homeless outreach worker with repeated interactions
- The director* of:
  - A hospital in which the respondent is hospitalized
  - A public or charitable organization, agency, or home
  - County behavioral health
  - County adult protective services
  - A California Indian Health Services program
- The judge* of a California tribal court

*or their designee

For more information, visit CARE Act Resources For Petitioners.

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[Slide Image Description: This slide shows a picture of a happy senior couple, as well as a description of the petitioner role.]

A petitioner could include lay individuals like a roommate or a family member. Family members that may be petitioners are a spouse, sibling, child, grandparent, or a parent (or an individual with a legal responsibility to perform the functions or responsibilities of a parent). The individual themselves may also file a petition.

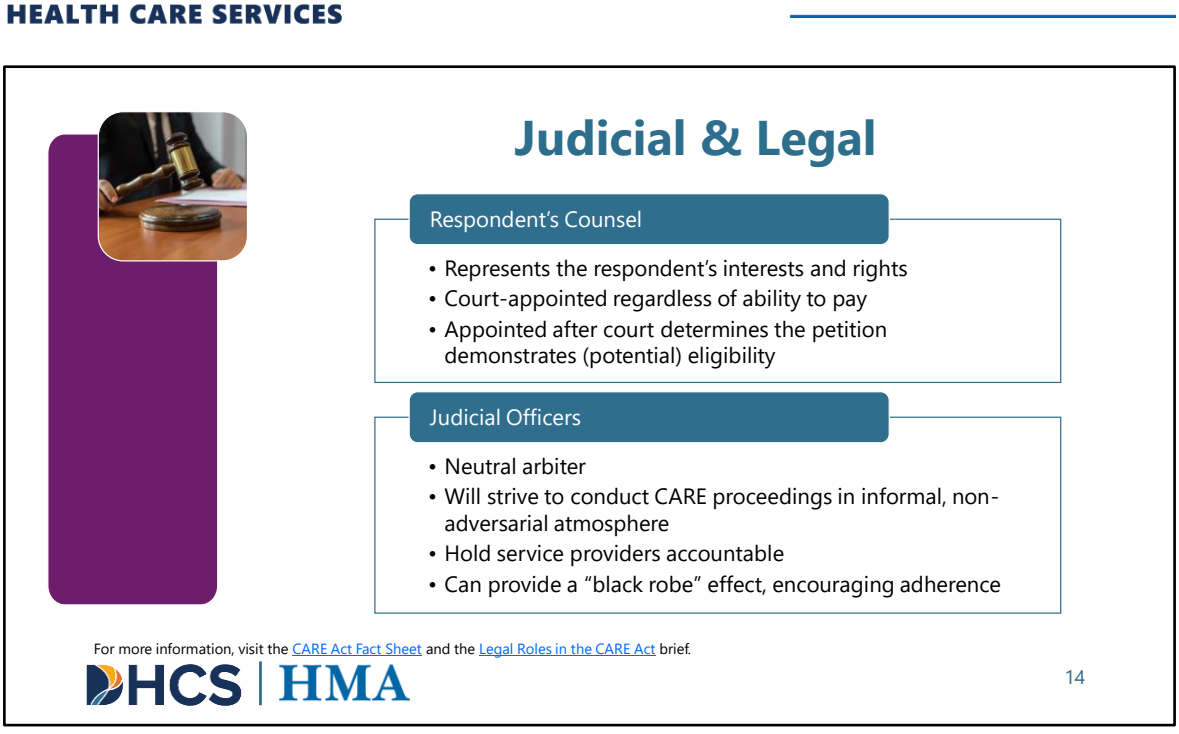
A petition can also be filed by a number of system partners:

- A licensed behavioral health professional* involved in respondent's treatment
- A public guardian or conservator
- A first responder or homeless outreach worker with repeated contact
- The director* of:
  - A hospital in which the respondent is hospitalized
  - A public or charitable organization, agency, or home in which respondent resides or has received BH services in last 30 days
  - County behavioral health
  - County adult protective services
  - A California Indian Health Services program which has provided respondent services in last 30 days
- The judge* of a California tribal court before which respondent has appeared in previous 30 days

*or their designee

Note that in many instances, the eligible petitioners include a “designee,” or individuals at the organization that can complete a petition. A “designee” of the director of a hospital could, for example, include clinicians or social workers.

For more information, visit CARE Act Resources For Petitioners.



[Slide Image Description: This slide shows a picture of a gavel, as well as a description of the judicial and legal role.]

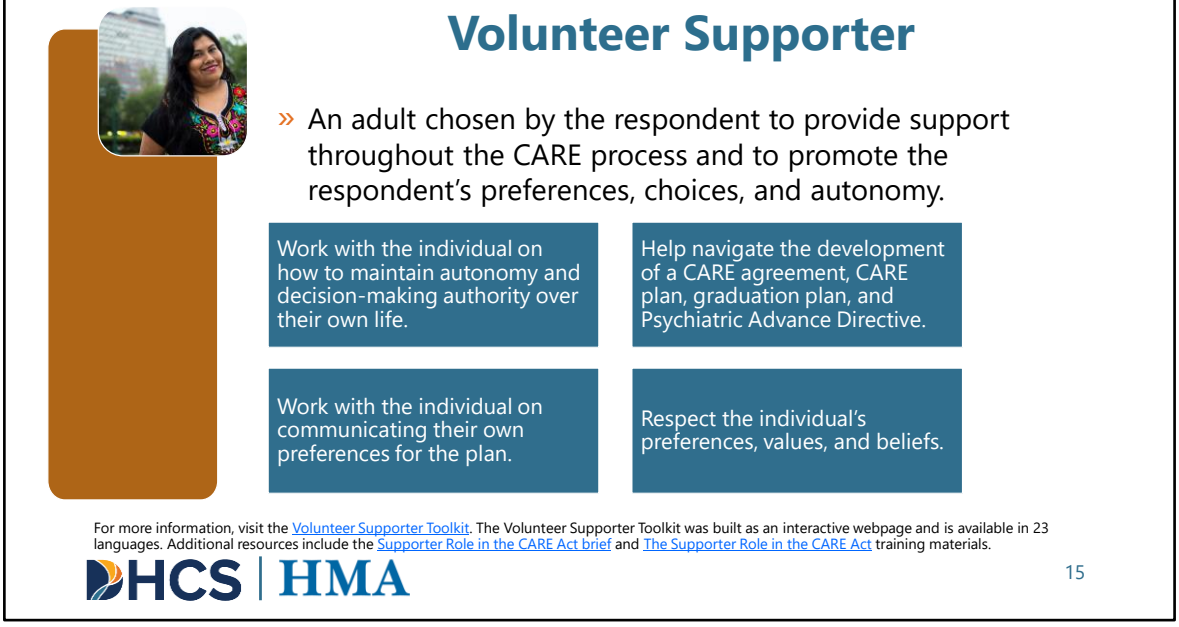
Since this is a legal process, there are judicial and other legal roles.

- The respondent has the right to court-appointed counsel regardless of their ability to pay.
    - This will be either legal aid or a public defender, depending on the county and the availability. Note that local courts may adopt their own rules for appointing counsel.
    - The role of respondent's counsel is to represent the respondent's interests and to protect their due process rights. Respondents also have the option to choose their own attorney and hire a private attorney at their own expense.
    - An attorney is appointed after the court has reviewed the petition and has determined that the respondent may be eligible for the CARE process.
- There is also a judicial officer—also known as a judge—who will be a neutral arbiter.
    - Unless there's a dispute of fact or law, the judge will try to conduct the case in an informal and cooperative atmosphere. If there is a dispute, then it may become more like a traditional courtroom process, which the judge will hear all sides and make a determination.

- Hold service providers accountable.
- Create a “black robe” effect. Even though CARE proceedings take place in a civil court and emphasize self-determination, having a judge involved adds a weight and respect that can help motivate respondents and encourage adherence to the CARE agreement or CARE plan.

It is not required that the petitioner have an attorney help them file the petition, but they may choose to do so at their own expense. Self-Help Centers are available to guide these petitioners, but the courts and the Self-Help Centers do not provide legal advice. A behavioral health agency is not required, but may choose, to be advised by counsel regardless of whether the petition is filed by a behavioral health agency or another eligible petitioner.

For more information, visit the CARE Act Fact Sheet and the Legal Roles in the CARE Act brief.



[Slide Image Description: This slide shows a picture of a smiling individual in a colorful shirt, as well as the description of the volunteer supporter role.]

The volunteer supporter role is a person who is identified by the CARE respondent. The volunteer supporter is an individual that respects the respondent's preferences, goals, values, and beliefs.

This is a person that supports the respondent's independence, autonomy, and decision-making authority over their own life. This person may be a part of the CARE agreement or the CARE plan to support the follow-through and access to additional services.

There is training and technical assistance regarding the volunteer supporter role. For more information, visit the Volunteer Supporter Toolkit. The Volunteer Supporter Toolkit was built as an interactive webpage, and it is available in 23 languages by changing the language in the upper right of the CARE Act Resource Center. A PDF is available to download in Spanish, Chinese, Tagalog, Vietnamese, Hmong, Punjabi, Khmer, Korean, and Farsi.

Additional resources include the Supporter Role in the CARE Act brief and The Supporter Role in the CARE Act training materials.

County Behavioral Health Agency

- County mental health or contracted mental health provider.
- May include Assertive Community Treatment (ACT) team, or a similar model in your county, such as Full-Service Partnership (FSP).
- Examples of BH provider team members:
  - Team lead/program manager/supervisor
  - Licensed or waivered clinicians (LCSW, LMFT, Psychologist)
  - Psychiatrists
  - Case managers including:
    - Substance use disorder (SUD) specialists
    - Housing specialists
    - Employment specialists
    - Medical caseworkers
  - Occupational therapists
  - Peer specialists/community health workers
  - Nurses

For more information, visit the CARE Act Fact Sheet and California Welfare and Institutions Code (W&I Code) section 5982.

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[Slide Image Description: This slide shows a picture of an individual sitting at a computer thinking, as well as a description of the county behavioral health agency role.]

The county behavioral health (BH) agency (and their contracted providers) is assigned to engage with the CARE respondent as they enter into the different pathways of a CARE agreement or CARE plan. The county BH agency will likely engage their assertive community treatment (ACT) teams, or similar wraparound/outreach teams, such as Full-Service Partnership (FSP).

- FSPs maintain fidelity to the Assertive Community Treatment (ACT) model with low client-to-staff ratios and provide services through a team approach.
- FSPs aim to support individuals in building the skills and supports needed to progress in their recovery and, when ready, transition to a lower level of care.

County BH agencies and their teams will look different, but regardless, they are a key player in providing outreach, creating an initial investigative report, conducting a clinical evaluation, engaging the individual in the mental health treatment, and connecting them with other services and supports, such as housing.

Examples of BH provider team members:

- Team lead/program manager/supervisor
- Licensed or waivered clinicians (LCSW, LMFT, Psychologist)
- Psychiatrists
- Case managers including:
    - Substance use disorder (SUD) specialists
    - Housing specialists
    - Employment specialists
    - Medical caseworkers
- Occupational therapists
- Peer specialists/community health workers
- Nurses

For more information, visit the CARE Act Fact Sheet and California Welfare and Institutions Code (W&I Code) section 5982.

Housing & Community Supports Providers

- Counties each have different types of potential housing providers that may engage with the CARE Act, that may include:
  - Permanent Supportive Housing
  - Interim/transitional Housing Models (bridge housing)
  - Affordable Housing Models
  - Community-based Housing
- Prioritized for Behavioral Health Bridge Housing (BHBH)

For more information, visit the CARE Act Fact Sheet and W&I Code Section 5982.

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[Slide Image Description: This slide shows a picture of an individual with prosthetics sitting on stairs, as well as a description of the housing & community supports providers role.]

This is a snapshot of the different potential types of housing that the CARE respondent may have access to or be prioritized for. Different community-based housing models will look different by county.

- Examples of housing providers include permanent supportive housing, interim/transitional housing, Behavioral Health Bridge Housing, affordable housing, and community-based housing.
- Examples of community supports providers may offer social services funded through Supplemental Security Income/State Supplementary Payment (SSI/SSP), financial assistance for immigrants, CalWORKs, California Food Assistance Program, In-Home Supportive Services program, and CalFresh.

If you look at W&I Code Section 5982, there's a multitude of housing programs, funding sources, and other community services that are highlighted as priorities for access for this particular CARE Act population. The other callout in W&I Code Section 5982 is that these individuals should be prioritized for any appropriate BRIDGE housing that's funded through the BRIDGE housing program.

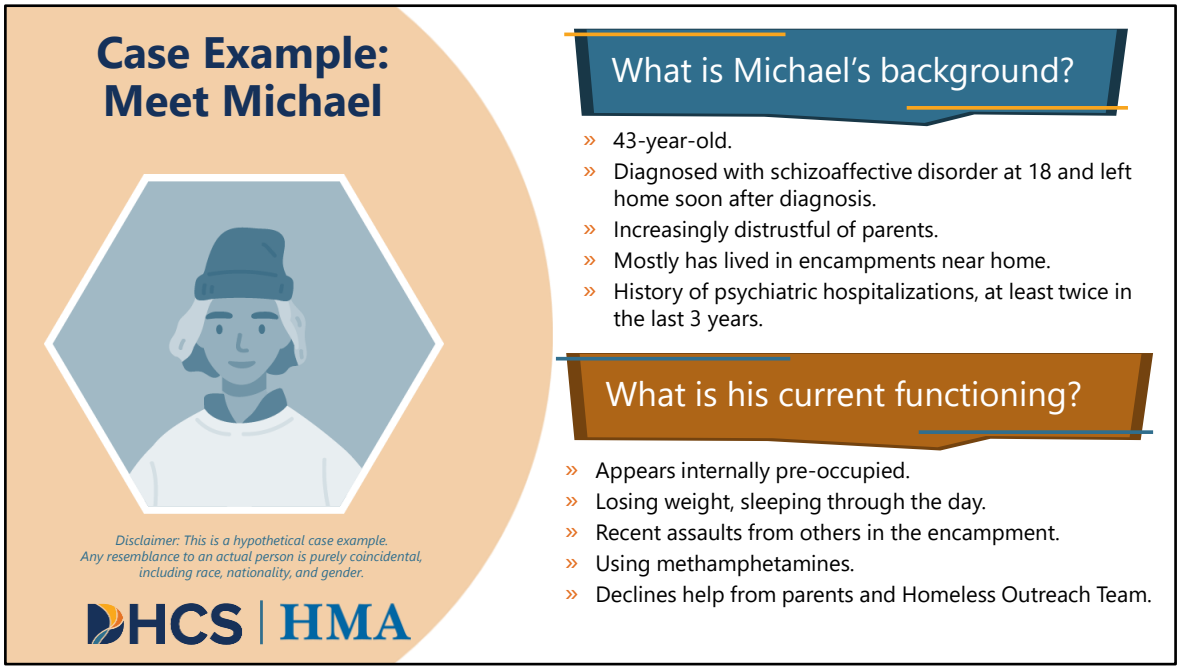
For more information, visit the CARE Act Fact Sheet and W&I Code Section 5982.

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Look over the roles and consider where you have additional questions or need clarification. Reach out to your county liaison or info@CARE-Act.org, or submit TA requests on our website, CARE-Act.org.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we are going to cover the court flow and tie that in with a scenario about an individual that's participating in the CARE Act and the different paths that this person may take in the process.



[Slide Image Description: This slide shows a silhouette of a person representing Michael with a description of Michael's background and his current functioning.]

The CARE Act is about leveraging a system to help provide support, but we don't want to lose focus on helping an individual. We are going to look at this process through the lens of a respondent, Michael. Michael is not one person; he's a conglomeration of people that many of us have worked with before.

Background

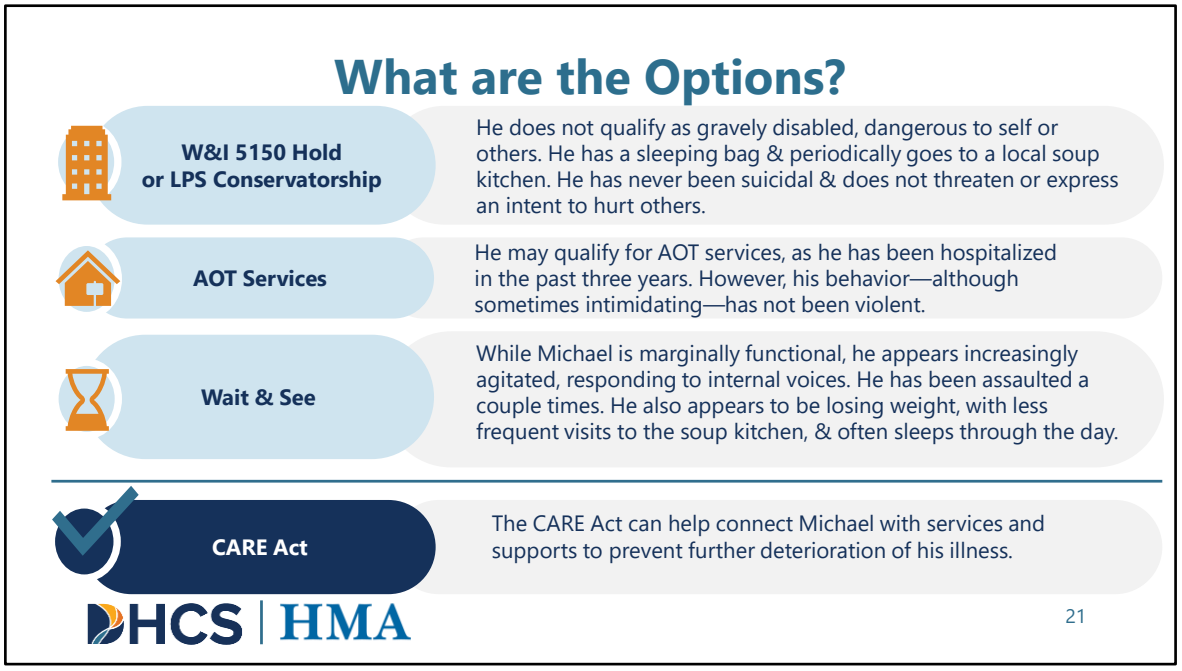
- Michael is a 43-year-old man who was diagnosed with Schizoaffective Disorder at the age of 18.
- Soon after the diagnosis, Michael dropped out of school and worked at a few odd jobs while living at home. Eventually, however, he left home and is now unhoused.
- He had a close relationship with his parents (Brian and Sarah) prior to the diagnosis. However, as the illness became more severe, he became less trusting of his parents.
- He spent years in various homeless encampments but stays in the general area where he grew up. While his parents did their best to keep track of him, he declined to go back home or move into stable housing.
- There were several times in the past 3 years that his behavior was so erratic, he was

placed on a W&I 5150 hold for Grave Disability. However, he is seldom in the hospital beyond 72 hours. Once he is medicated, his symptoms are stabilized, he is released with a prescription for antipsychotics which he seldom fills.

Current Functioning

- He often appears internally preoccupied (hearing voices).
- He has been losing weight and sleeping through the day. Not to the point where it's a medical emergency, but those around him have noticed that he's losing weight and seems to be sleeping more.
- He goes to the local soup kitchen daily for a meal and has a sleeping bag he sleeps in at night.
- His parents sometimes go to the encampment to try to persuade him to move back to their home. They fear for his safety, as he is paranoid.
- Michael yells at people in the encampment. This has resulted in a few recent assaults from others who are in the encampment. Sometimes he will yell at the staff at the soup kitchen because he believes they mean him harm after the recent assaults from others in the encampment. However, when police are called, Michael leaves before they arrive, only to return the next day.
- Michael has been misusing methamphetamines for the past five years, which exacerbates his psychotic symptoms.
- Brian and Sarah, his parents, have contacted the Homeless Outreach Team who work with people who are unhoused and living in the encampment. When they see Michael there, they attempt to engage him in treatment, however he declines any help they offer him.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.



[Slide Image Description: This slide shows a checklist with options, including icons of a building, house, hourglass, and check mark on the CARE Act option.]

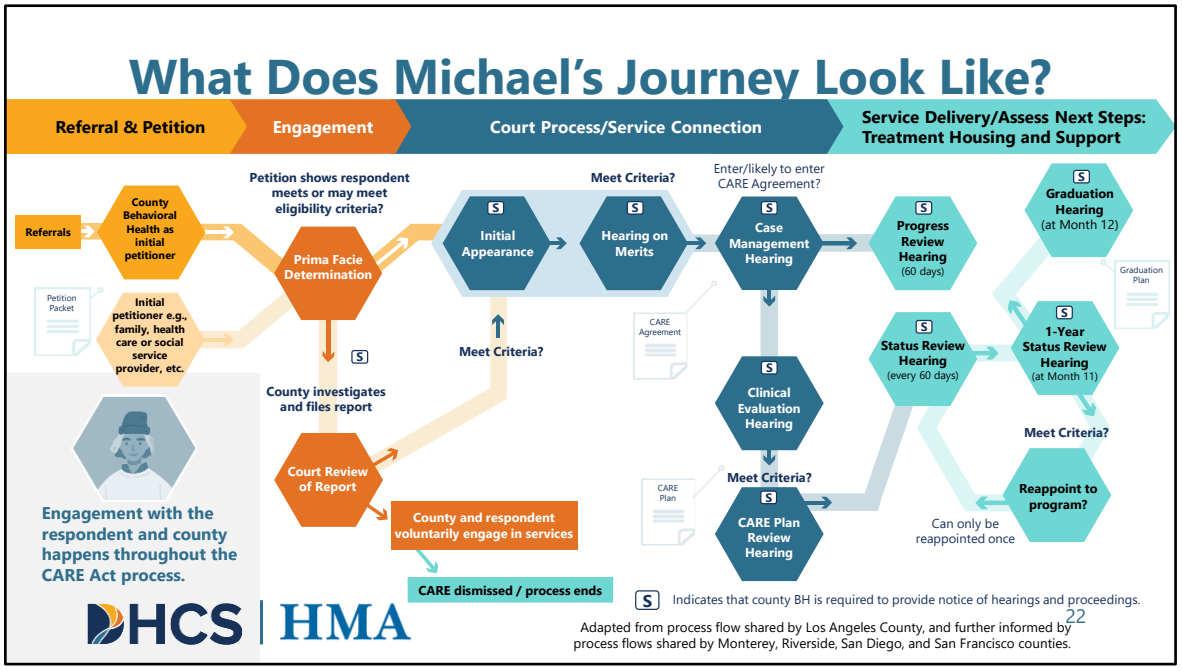
Brian and Sarah have spoken to advocates, mental health professionals, and social workers. They have realized that Michael has fallen through the cracks of the safety net.

- He does not qualify as gravely disabled, so can't be placed on a W&I 5150 hold. Michael has a sleeping bag and sleeps regularly at the homeless encampment. He goes to a local soup kitchen daily for food. He has never been suicidal and does not threaten or express an intent to hurt another person. Since he is not gravely disabled, he does not qualify for an LPS conservatorship.
- He may qualify for AOT services. Michael has been hospitalized in the past three years. While he has acted in a way that is intimidating, this hasn't escalated to violence.
- His condition is deteriorating, and it's possible that waiting could cause harm. He is not sick enough to be forced into treatment, but also has not been accepting voluntary treatment. While he is marginally functional, they worry that each time they see him, he is less communicative, thinner, and seems more agitated.

Brian and Sarah are in an untenable position, having to watch their son decompensate until he is sick enough to be forced into treatment through a W&I 5150, and eventually a conservatorship.

This is where the CARE Act presents another option:

- The CARE Act was developed to assist individuals like Michael.
- Rather than allowing Michael to fall through the cracks and forcing family members to watch as their loved one decompensates to the point of needing hospitalization, the CARE Act can be initiated prior to this level of decompensation.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

The CARE Act process can take different pathways through the civil court.

The process begins with the petitioner initiating the case. The assessment and engagement follows with the county BH agency. Then, the case continues to the court process and connection with services.

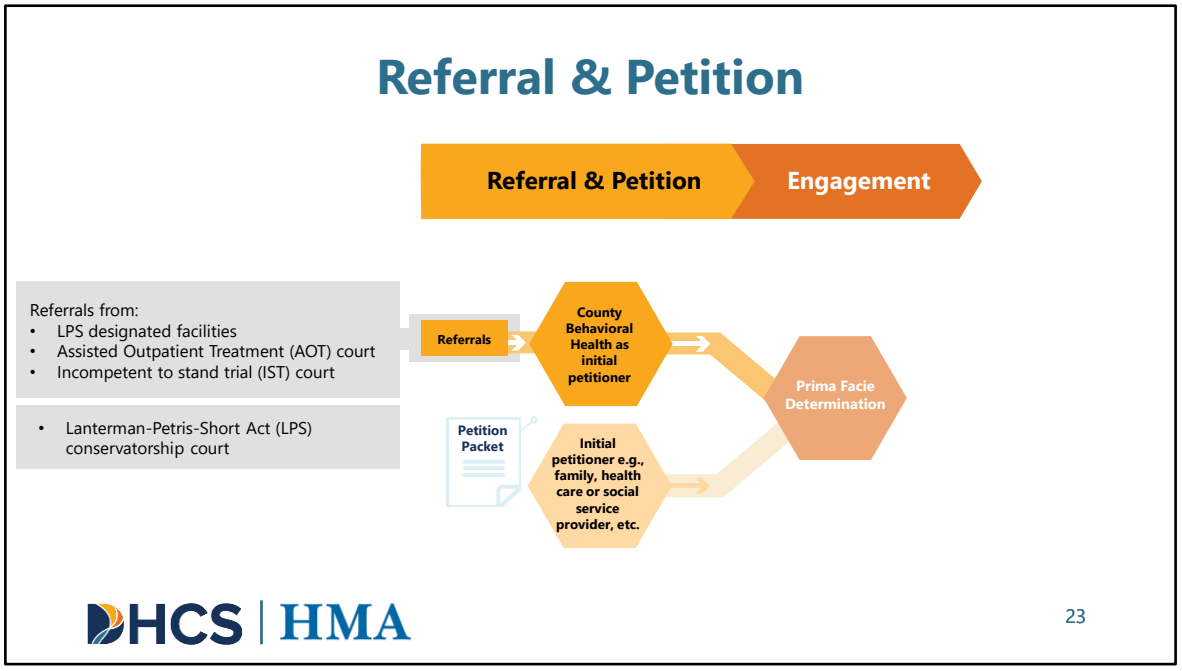
Again, the goal is to connect individuals to services, and engagement with the CARE respondent continues throughout the process.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a prima facie determination to see if the respondent meets the criteria.

- If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
- If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.

1. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the initial appearance).
2. If the respondent still meets the criteria, then there will be a case management hearing.
    - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
3. If it is determined at the case management hearing that a CARE agreement is not likely to be reached, the court will order a clinical evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
4. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
5. There will then be a status review hearing at least every 60 days.
6. At month 11, there will be a one-year status review hearing to determine next steps:
    1. The respondent will graduate (and have a graduation hearing at month 12).
    Or,
    2. The respondent will be reappointed to the program, which can only happen once.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on Referrals.]

The first step is when an eligible petitioner asks the court, through a petition, to consider an individual's eligibility for the CARE process. This can start with a referral or directly with a petition being filed. Let's first talk about referrals.

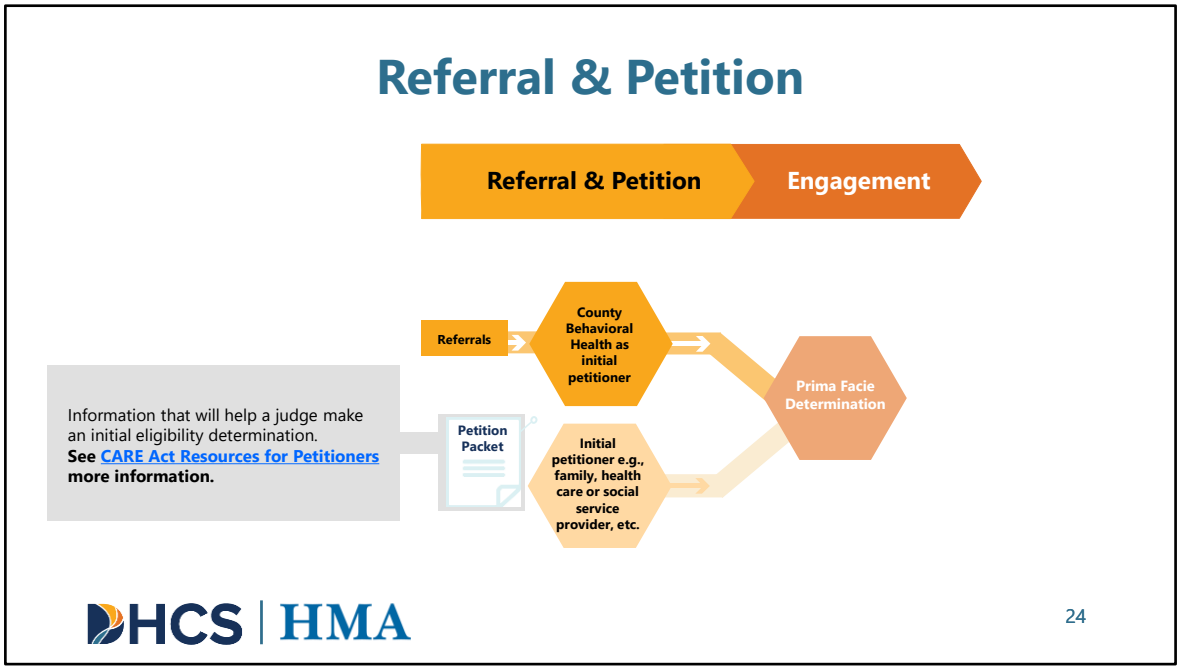
County BH agencies are required to accept referrals from LPS designated facilities and file a petition. Referrals can also come from courts (Assisted Outpatient Treatment [AOT] or incompetent to stand trial [IST], and Lanterman-Petris-Short Act [LPS] conservatorship court).

Role of county BH in referrals:

- Create a process for accepting and following up from referrals from LPS facilities.
    - Referral is to be made **as soon as clinically indicated** as part of the individual's discharge planning **(W&I Code § 5978.1(b)(2).**
    - County BH must complete their assessment and file a petition within **14 business days** of the referral **(W&I Code § 5978.1(c)).**

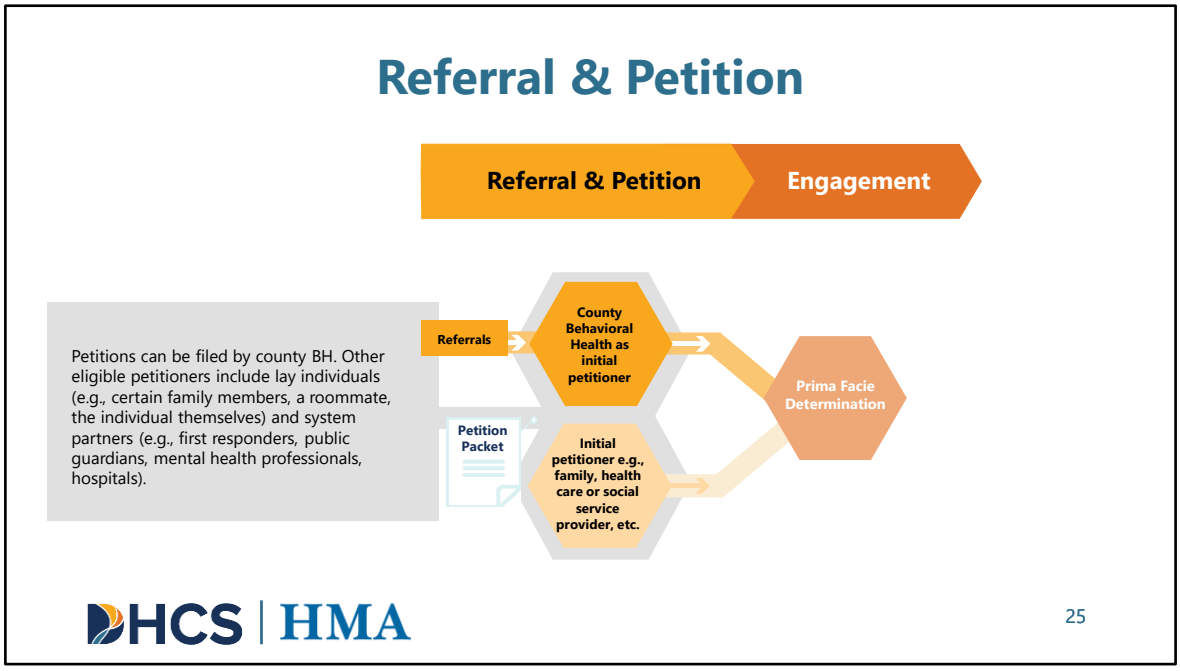
- Court referrals:
    - For misdemeanor IST (MIST) referrals and AOT referrals, county BH will be the petitioner.
    - For felony IST (FIST) referrals, it is not specified who the petitioner should be; county counsel, county BH, and courts should discuss and identify a process.
    - For LPS conservatorship court referrals, the conservator or proposed conservator will be the petitioner.
- Comply with timing rules for responding to statutory referrals (**W&I Code § 5978.1**).

In addition to these statutorily provided referral pathways, county BH could consider establishing a **process to receive and assess other referrals** (e.g., from public guardian/conservator, first responders, non-LPS hospitals, family members). They could also identify a **point of contact or liaison** to coordinate with referral sources, helping to ensure a warm hand-off, collaboration, and efficiency.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on Petition Packet.]

Regardless of if there was a referral, all petitioners must use **statewide forms** created by the Judicial Council to file a petition with the court to consider an individual for receiving services through the CARE Act. The information in the petition should help a judge determine if an individual meets (or may meet) eligibility requirements. Trainings and resources related to petitions can be found on **CARE Act Resources for Petitioners**.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on Petition Packet.]

The petition can be filed by a group of individuals. As we just noted, county BH can file a petition, with or without a referral.

Other eligible petitioners include lay individuals, such as certain family members, a roommate, or the individual themselves.

Designated system partners are also eligible petitioners:

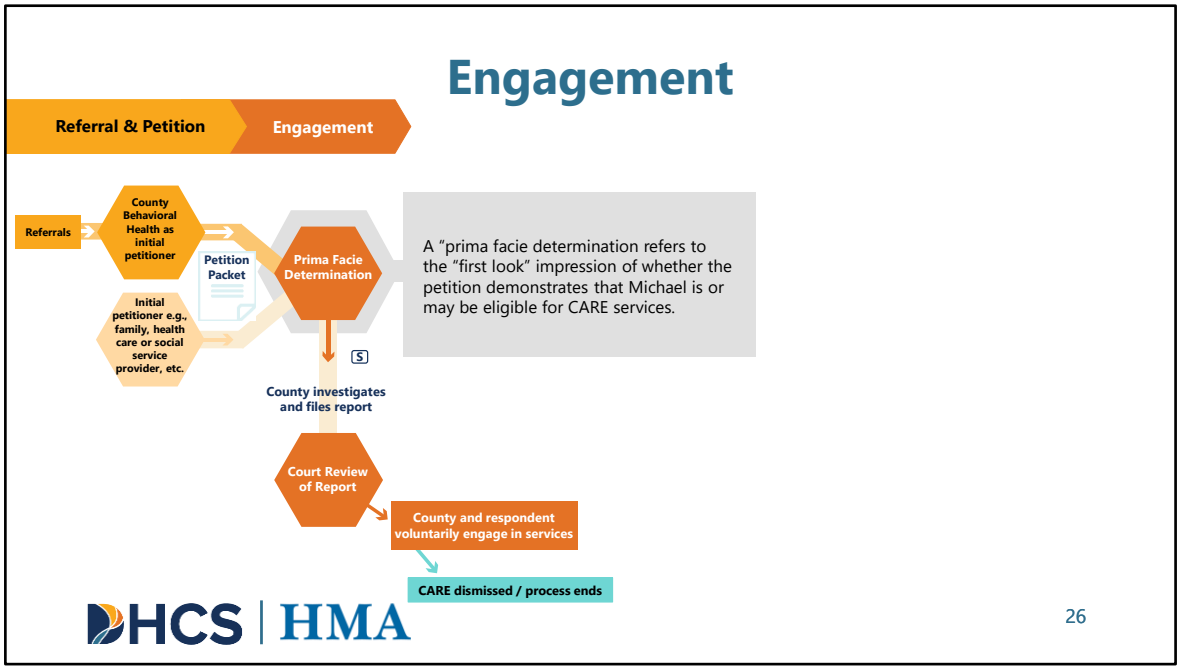
- First responder who has had repeated contact with the respondent
- Director of County Behavioral Health
- Public guardian or conservator
- Directors of public service agencies
- Mental health professionals
- Director of a hospital in which the respondent is hospitalized

Each petitioner can bring a unique perspective and could approach completing a petition that leverages their strengths. Petitioners with a clinical background will have a

unique ability to document clinical factors that could help determine eligibility (such as qualifying diagnosis, impact on activities of daily living, clinical stability, etc.). First responders and justice system partners might have a unique insight into patterns impacting an individual's ability to survive in the community. Family members may have more information about historical diagnosis and personal preferences.

Consider if each of the following individuals could be a petitioner for Michael:

- Michael's cousin, who lives in a neighboring state but is supportive of the parents? ***No – Although out of state relatives can petition, cousins do not qualify.***
- The police officer who repeatedly responds to the Soup Kitchen when Michael becomes disruptive? ***Yes – first responders who are familiar with the client can petition.***
- A volunteer at the Soup Kitchen where Michael goes most days for his meal? ***No – a volunteer does not fit within the eligible petitioner criteria.***
- A case manager from the Homeless Outreach Team who tries to engage Michael in treatment? ***Yes – a case manager can be a petitioner within the First Responder category.***

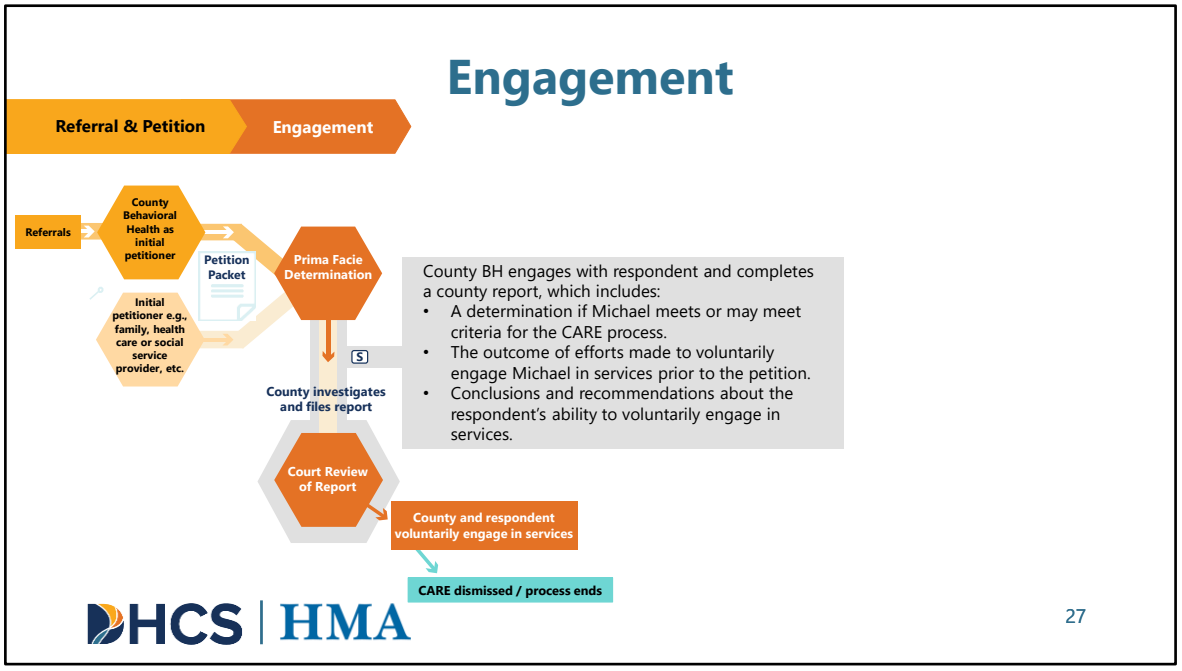


[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on Engagement.]

During this next step, after the initial petition, the court decides if Michael, our respondent, meets the eligibility requirements to go through the CARE process.

- Prima Facie:
    - Once the petition is filed, the court will decide if the petition has shown that Michael meets (or may meet) criteria for CARE.
    - There will be what's called a "prima facie determination," which refers to the "first look" impression of whether the petition demonstrates that Michael is or may be eligible for CARE services.
        - Is his diagnosis a qualifying diagnosis in the schizophrenia spectrum or other psychotic disorder class?
        - Does he appear likely to be at risk for not surviving safely in the community?
        - Is his condition deteriorating?
        - Would this be the least restrictive alternative?

If county BH was the original petitioner, and the court doesn't need additional information, they will proceed to the Initial Appearance. If, however, the original petitioner was someone other than county BH, the court will order county BH to conduct an investigation and file a report. Let's take a look.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on Engagement.]

If the court has made a prima facie determination that Michael is likely to meet eligibility criteria **and** if the petition was filed by someone other than county BH (e.g., a family member), the court shall order county BH to complete an investigative report. For petitions filed by county BH, the court may ask county BH to provide supplemental information as to eligibility and voluntarily engagement efforts.

If the petition was filed by other than the county agency, the county BH agency will then be asked to file an investigative report that determines whether Michael meets criteria for CARE Act. This is the first point at which county BH is required to serve notice of hearings (W&I Code § 5976(a)) and it could also be the first time that county BH has an opportunity to conduct outreach and engagement activities. County BH will seek to build trust and rapport with the individual and engage them voluntarily in services, if possible. County BH will also seek more information that will help the court determine eligibility.

The county investigative report should include:

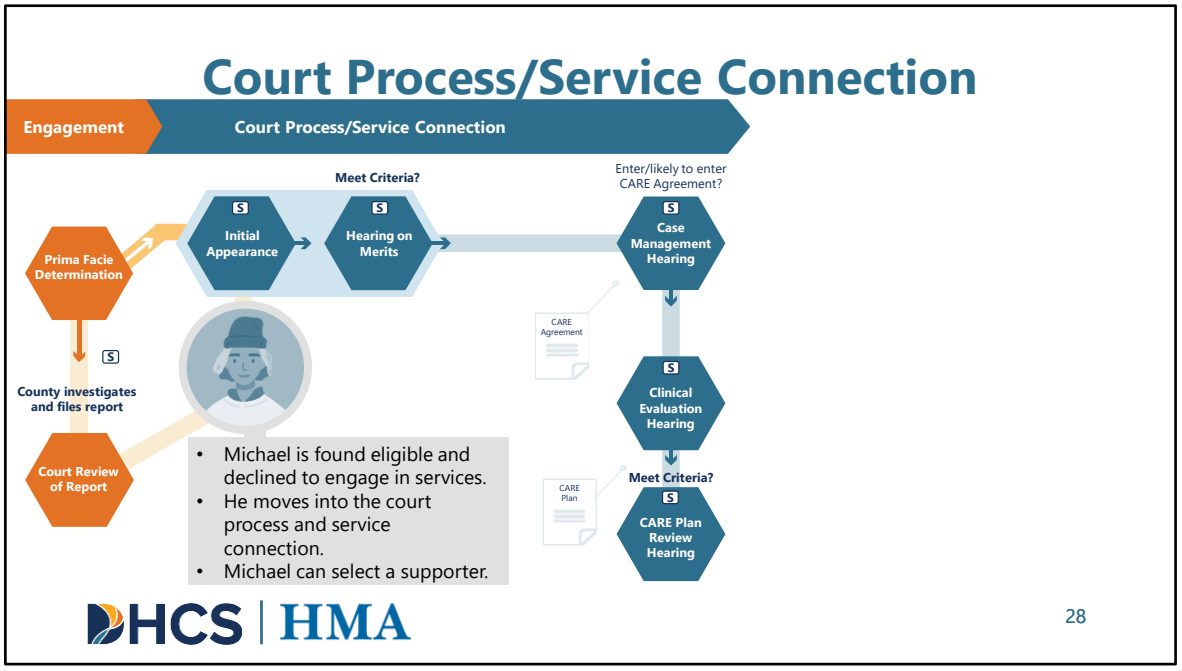
- A determination if Michael meets or may meet criteria for the CARE process.
- The outcome of efforts made to voluntarily engage Michael in services prior to the petition.
- Conclusions and recommendations about the respondent's ability to voluntarily engage in services.

As mentioned above, if county BH was the original petitioner, the court may ask county BH to provide supplemental information as to eligibility and voluntarily engagement efforts. Some courts choose to use the same order as the investigative report, but it's not required. The counties should work to provide the additional supplemental information that the court needs to help establish eligibility.

While assessing for Michael's eligibility, a few questions will be asked:

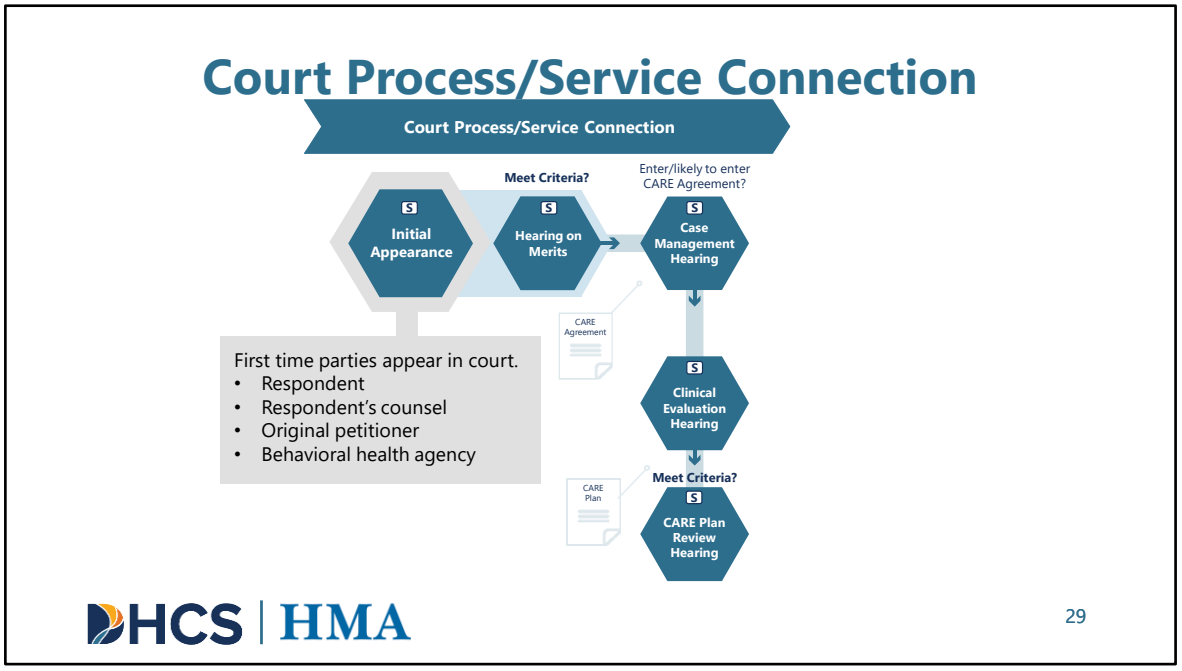
- Is his diagnosis a qualifying diagnosis in the schizophrenia spectrum and other psychotic disorder class? ***Yes, schizoaffective disorder is an eligible diagnosis.***
    - Michael is currently using methamphetamines. Keep in mind that SUD does not qualify a person for CARE services on its own, but Michael can still qualify based on his primary diagnosis: schizoaffective disorder.
- Does he appear likely to be at risk for not surviving safely in the community? ***Yes, he has been assaulted and is using the Soup Kitchen less frequently.***
- Is his condition deteriorating? ***Yes, he is not engaged in treatment, appears to be responding to voices, and is agitated and losing weight.***
- Would this be the least restrictive alternative? ***Yes, this is a less restrictive alternative to a W&I 5150 for Michael.***

During this process, if the court or the county finds Michael as ineligible or he voluntarily engages in services, the court will dismiss the petition and terminate all further court proceedings on the matter. Michael may still be eligible for services, and the county can still engage Michael, it just wouldn't be through the CARE process.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on Court Process/Service Connection.]

For the purposes of our flow, let's consider that Michael is found to be eligible, and he declined to engage voluntarily in services. At that point, he will move into the court process and service connection, and this is also when Michael will have the opportunity to select a supporter. He selects his mother, Sarah.

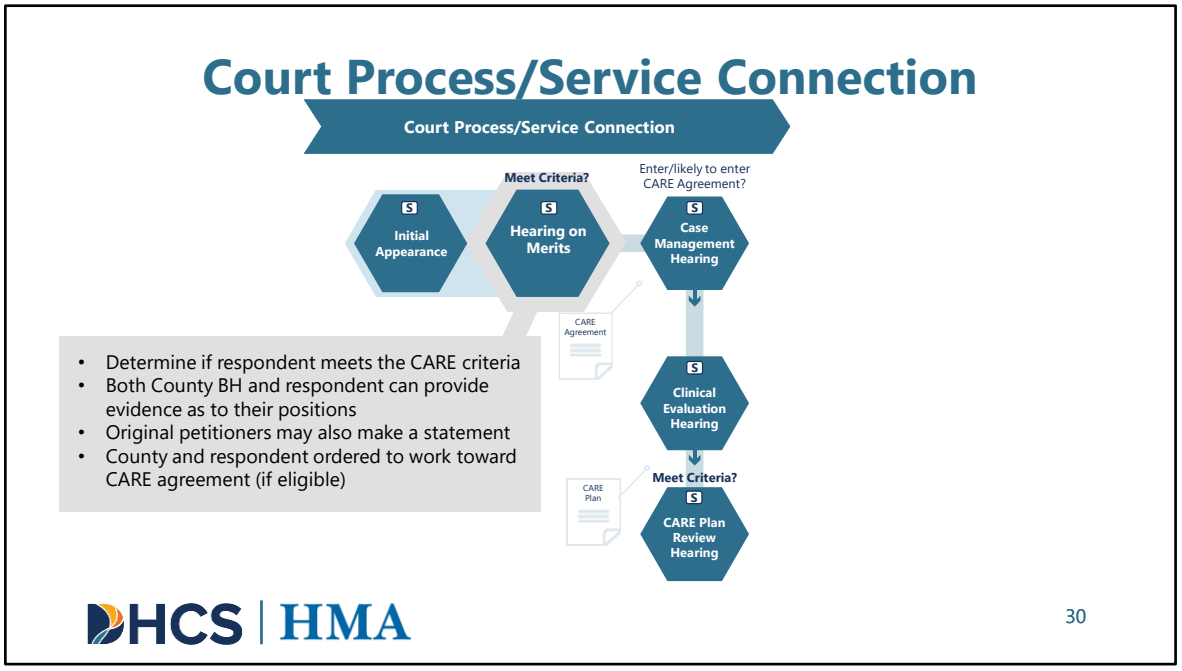


[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the Initial Appearance.]

The Initial Appearance is the first time the parties appear in court. Counsel for the respondent will have been appointed prior to this appearance, and this counsel will let the respondent know that they have the right to a supporter. The respondent (along with their chosen supporter) can choose to be at this court hearing, or they can allow their attorney to appear for them. County BH will be substituted in as petitioner if the petition was filed by another individual.

So, in Michael's case, Brian and Sarah (the original petitioners) are there, along with Michael, his attorney, and the BH agency. The BH agency will now take over as the petitioner.

As mentioned, there is also the potential for a volunteer supporter to be selected. In Michael's case, he chooses his mom, Sarah, to be his supporter.

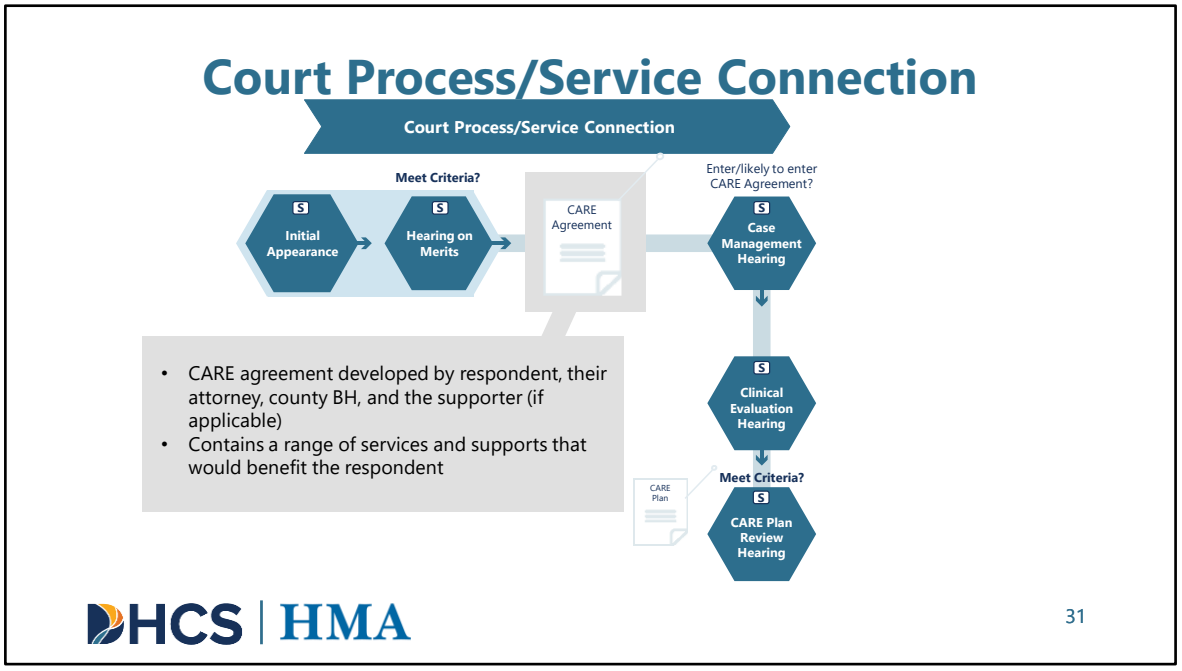


[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the Hearing on the Merits.]

The Hearing on the Merits is next, although it can happen at the same time as the Initial Appearance, if the parties and the court agree. At the Hearing on the Merits, the court will determine if the respondent meets the CARE eligibility criteria. If so, the court will order county BH to work with the respondent (and their counsel and supporter) to engage in treatment and develop a CARE agreement.

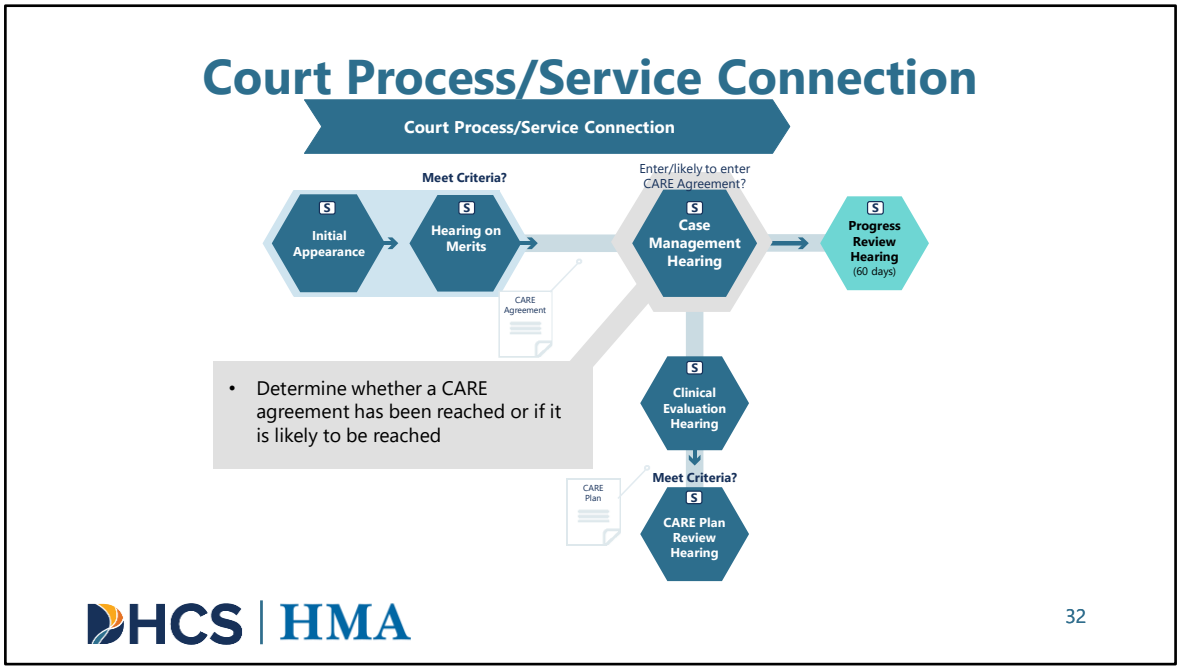
The hearing on the merits will require a clear and convincing evidence standard to determine whether Michael meets the CARE Act criteria. If the court does not find that Michael meets the criteria, it will dismiss the case. At the prima facie stage discussed earlier, there is an “is or may be” evidence standard, meaning it is a much lower standard.

In this scenario, the court finds that by clear and convincing evidence, Michael does meet the criteria and needs to enter into a CARE agreement.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the development of a CARE agreement.]

Next, the court will order Michael, his attorney, county BH, and his supporter (if he has one) to attempt to develop a CARE agreement. A CARE agreement is a voluntary agreement developed by the parties, setting out a range of services and supports which would benefit the respondent.



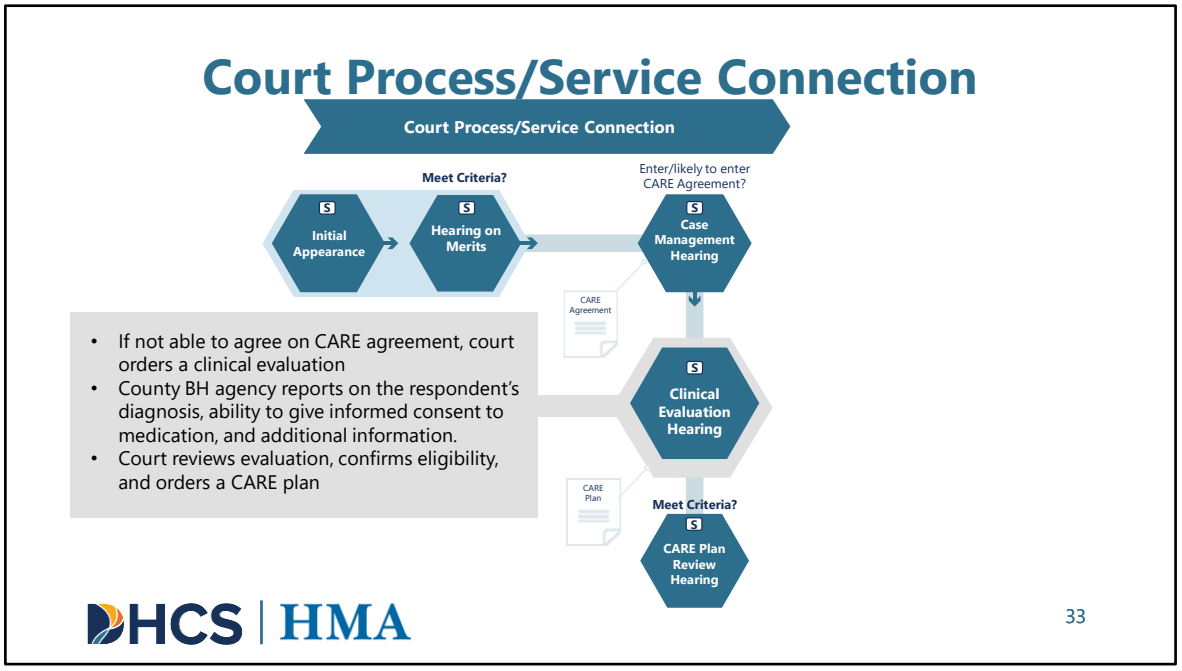
[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the Case Management Hearing.]

A Case Management Hearing is held within 14 days and will determine whether a CARE agreement has been reached or if it is likely to be reached.

There are two options:

1. If yes, the CARE agreement was reached:
    - The CARE agreement will be solidified, and the court can approve their settlement agreement or modify and approve it. The court will also set the CARE agreement for a Progress Hearing in sixty days.
    - While they are required to have one Progress Hearing in 60 days, the court has discretion to hold additional hearings.

2. If no, the CARE agreement was NOT reached:
    - In this instance, Michael does not agree with the CARE agreement, as he does not want to take medication and is comfortable living outside in a homeless encampment.
    - The court will order county BH—through a licensed mental health professional—to conduct a clinical evaluation, which we will cover on the next slide.

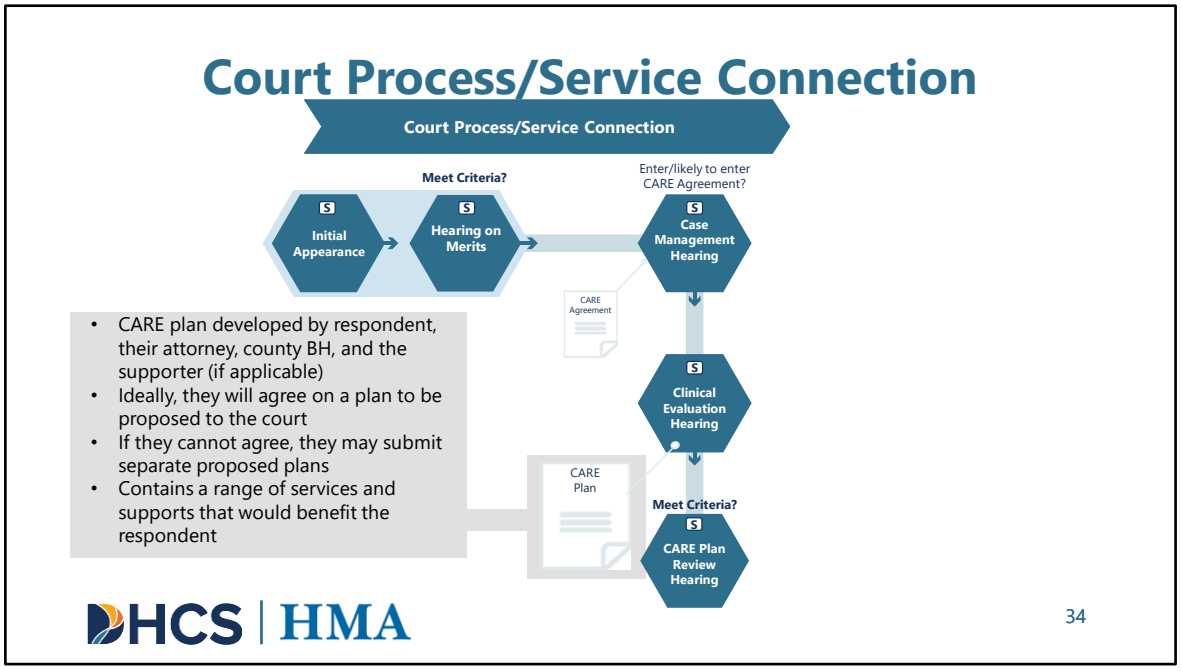


[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the Clinical Evaluation and Hearing.]

If the parties weren't able to agree on the CARE agreement, the court will order a clinical evaluation (although if there was a clinical evaluation completed within the last 30 days, they can potentially use it).

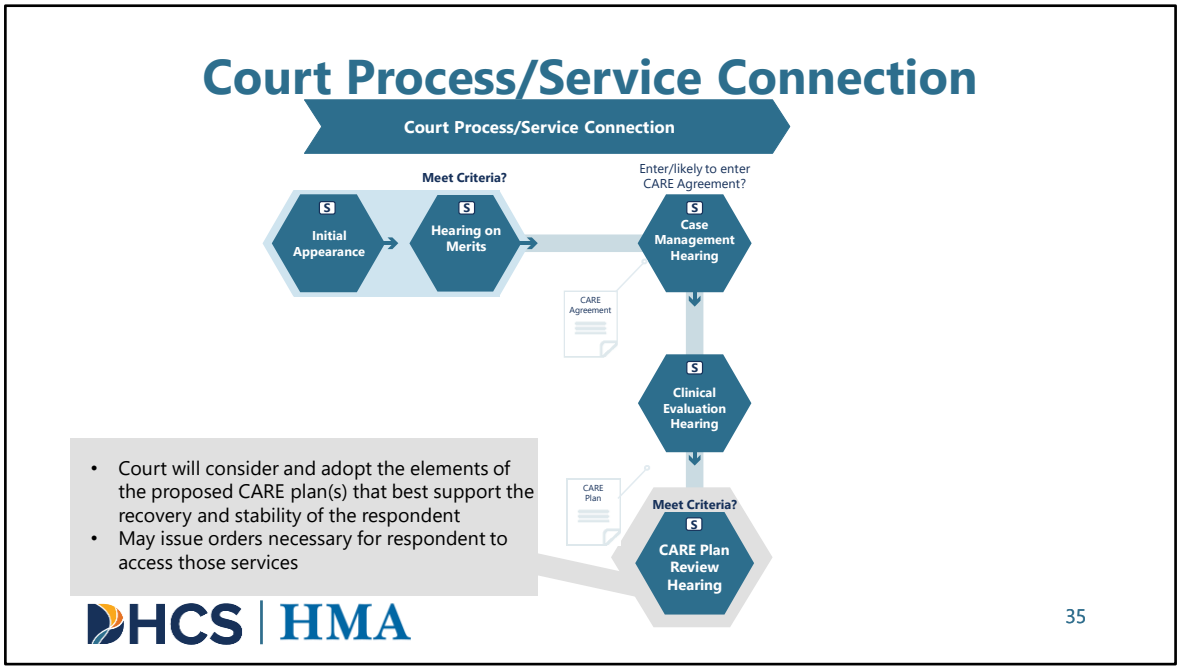
In this evaluation, county BH reports to the court on the respondent's clinical diagnosis, whether the respondent has the legal capacity to give informed consent regarding psychotropic medications, and any additional information and recommendations that would assist the court in making informed decisions.

The court will then review the clinical evaluation and other evidence presented. If the court determines that the respondent continues to meet the CARE criteria, it shall order the parties to jointly develop a CARE plan.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the development of a CARE plan.]

Like a CARE agreement, a CARE plan identifies a range of services and supports for the respondent. The respondent, their attorney, county BH, and the volunteer supporter (if so desired by the respondent) will coordinate together to create a CARE plan. Ideally, they will agree on a plan to be proposed to the court. If they cannot agree, county BH and the respondent may propose separate plans, and the court will select the elements from each plan that it feels supports the recovery and stability of the respondent.

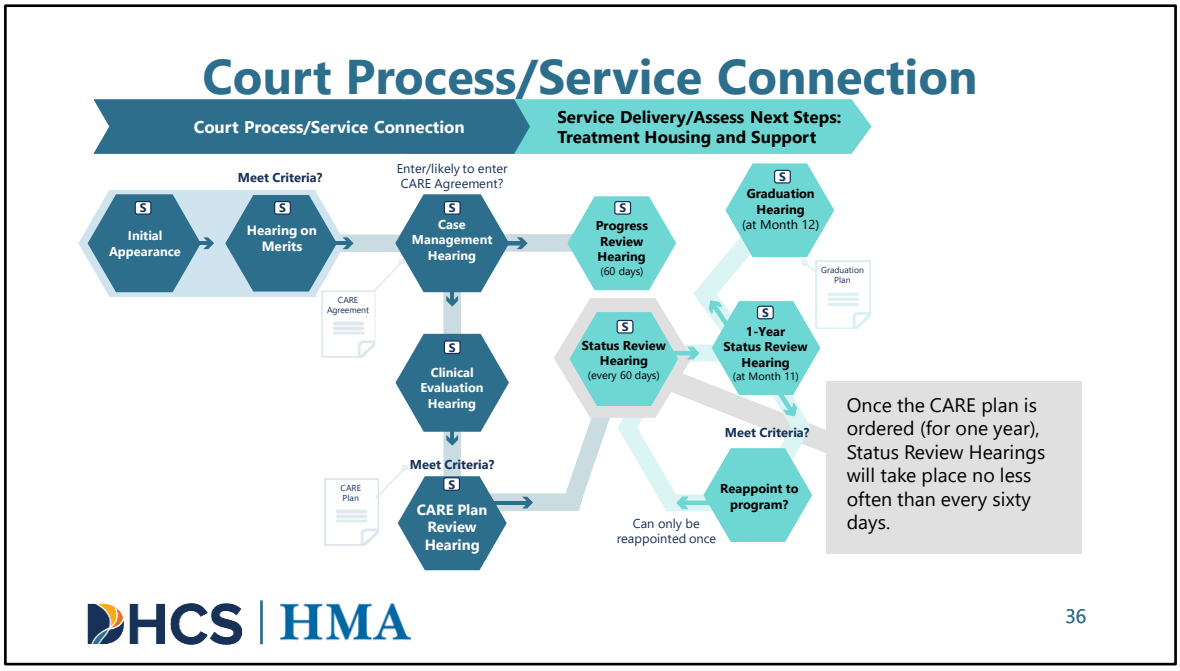


[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on what happens during the CARE plan review hearing.]

The court will then consider and adopt the elements of the proposed CARE plan(s) that best support the recovery and stability of the respondent and may issue orders necessary for the respondent to access those services.

If the court finds that Michael lacks capacity to provide informed consent to psychotropic medication, the CARE plan can include medically necessary stabilization medication.

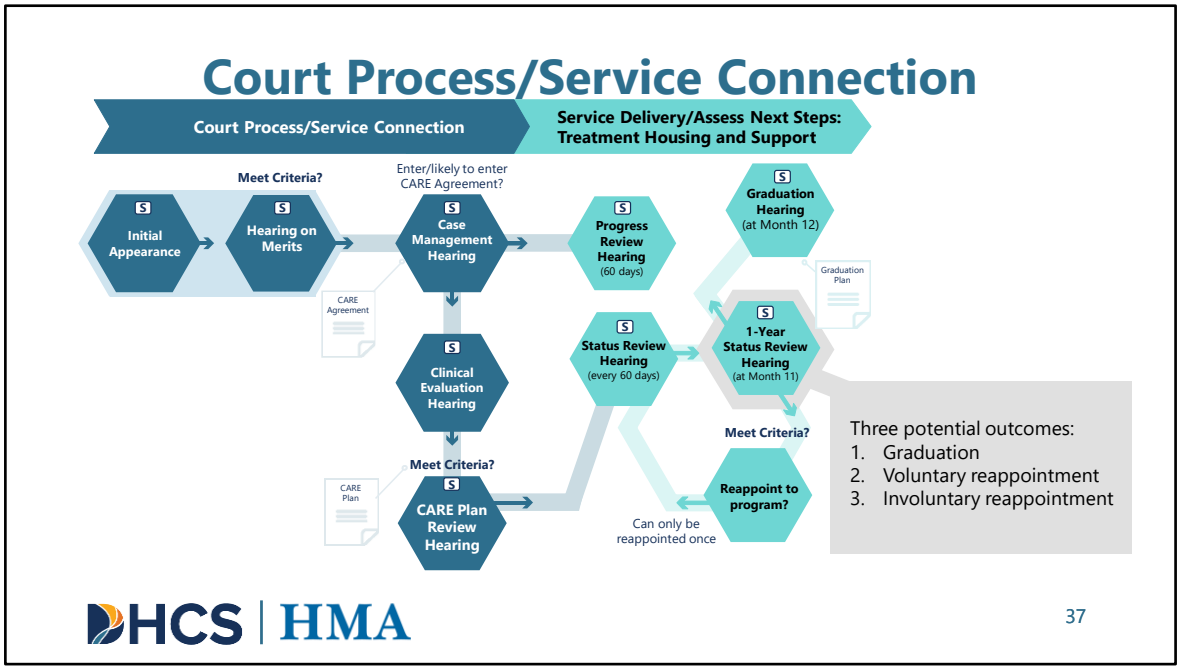
- Unlike an involuntary medication order, this cannot be forcibly administered—only offered.
- Michael may be willing to talk to a psychiatrist, and they could work together on a medication option.
- There is no penalty if Michael declines to take the medication.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on the Status Review Hearing.]

Once the CARE plan is ordered (for one year), Status Review Hearings will take place no less often than every sixty days. They can also happen more often than every sixty days.

- The status hearings are not just for the support people and treatment providers to report on how Michael is doing.
- Michael can say if there are services in his CARE plan that he is not getting and ask the court to enforce those services.



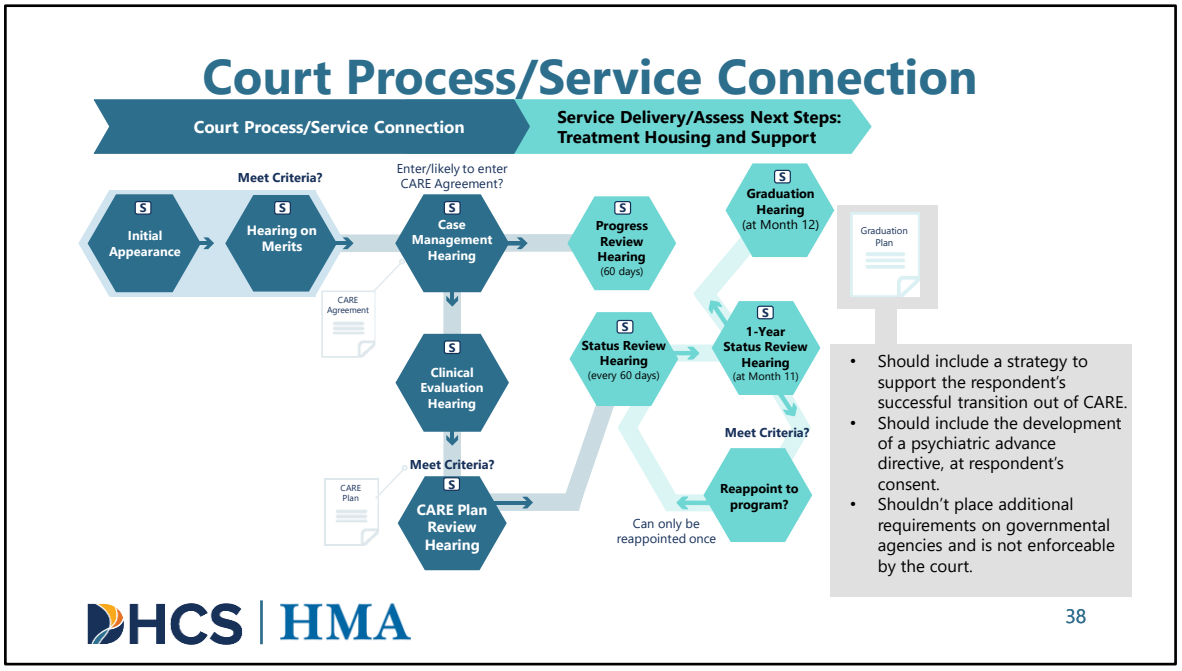
[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on the 1-Year Status Review Hearing.]

There are three potential outcomes from the 1-Year Status Review:

1. Michael elects graduation
    - This means that Michael is doing well, and he will work together with county BH to develop a graduation plan, including the services he will continue to engage in.

2. Michael voluntarily elects to stay in CARE.
    - The court may permit Michael's extension for up to one year.
    - Reasons Michael may want to extend: better access to services, accountability/structure is helpful for him.

3. The court orders involuntary continuation in CARE.
    - Maybe Michael just started to engage towards the end of the year, so it appears it would benefit him to stay with the CARE plan.
    - This extension may happen only for one year.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process, focusing on the Graduation Plan.]

If the respondent elects to graduate and the court agrees, the court will order the parties to develop a graduation plan. A graduation plan is a voluntary agreement that includes a strategy to support the respondent's successful transition out of the CARE process.

- The county BH team will participate in the development of a graduation plan with the respondent and the rest of the CARE team.
- The graduation plan shall not place additional requirements on governmental agencies and is not enforceable by the court.
- With the respondent's consent, county BH will collaborate in the development of a **psychiatric advance directive** as part of the graduation plan.

Implications of Michael's Non-Participation

- The court can terminate his participation in the CARE process.
- Michael's failure to comply with the CARE plan will be considered by the court in an LPS proceeding (i.e., 5150/5250, conservatorship) if one is held within 6 months of the termination of the CARE plan.
  - Information about non-adherence to medications cannot be included

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[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Plan: DECLINE.” A silhouette of a person representing Michael and a description of the process if Michael declines to participate in the CARE plan is detailed.]

If at any time in the CARE proceedings, the court determines that a respondent is not participating in the CARE process or is not adhering to their CARE agreement or CARE plan, the court may terminate the respondent’s participation in CARE. The court shall not consider nonadherence with medication under the CARE plan as reason for dismissal. It’s important to remember that while Michael’s CARE plan is court ordered, it is not criminal court. Meaning, there are limits to what can happen to Michael if he does not want to participate, and there are no criminal consequences nor penalties for contempt of court. He will not suddenly have a probation officer or something to that effect.

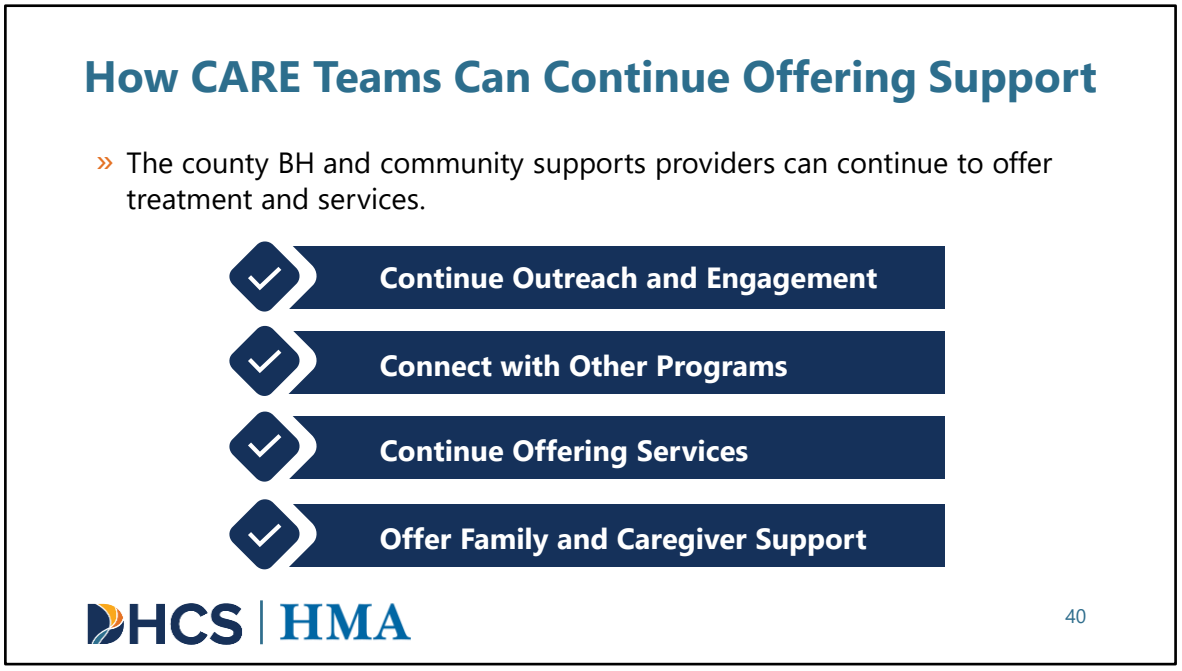
What are the consequences?

- There are no penalties to a respondent who doesn’t complete their CARE agreement or CARE plan.
- Michael's failure to comply with the CARE plan will be considered by the court in an LPS proceeding (i.e., 5150/5250, conservatorship) if one is held within 6 months

of the termination of the CARE plan. This fact shall create a presumption for the LPS court that the respondent needs additional intervention beyond the services and supports provided by the CARE plan.

- The termination of a CARE plan doesn't *automatically* trigger LPS proceedings.
- Information about non-adherence to medications cannot be included.

- If the court has ordered a CARE plan (not a CARE agreement), it has the discretion to keep the case open for up to a year. If the court dismisses the case, county BH and community support providers can continue outreach to the individual to offer treatment and other services and supports.



[Slide Image Description: This slide shows a description of how CARE teams can continue offering support.]

The county BH and community supports providers can continue to offer treatment and services.

- **Continue outreach and engagement.** Continued efforts to build trust and encourage voluntary participation in mental health services. There might be an opportunity when the individual will be ready and interested in CARE.
- **Connect with other programs.** If eligible, the individual may be referred to other programs (e.g., AOT).
- **Continue offering services.** The county can offer case management, therapy, medication management, housing, and peer support.
- **Offer to provide family and caregiver support.** Especially when a petition was filed by a family member, counties can offer to provide education and resources to family members to help encourage treatment.

County Responsibility

- The CARE process is more than just about court hearings and legal proceedings.
- CARE is about the county and court working together to support the respondent.
- While the respondent has the ability to refuse services, the county is obligated to provide services agreed to or ordered by the court.

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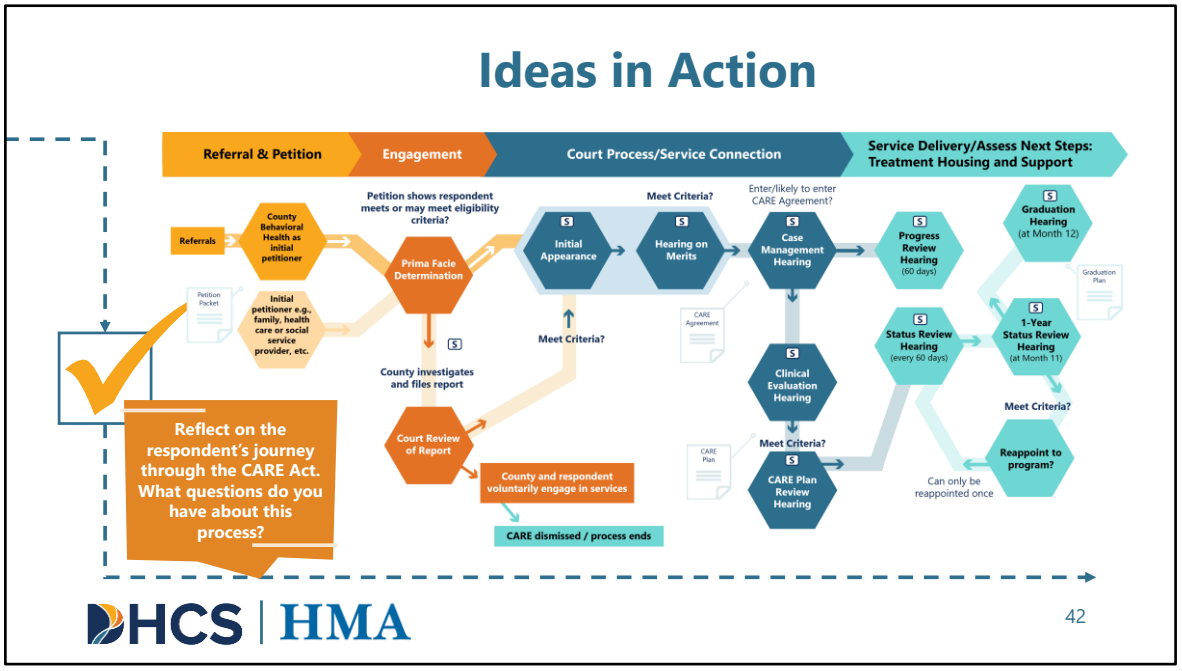
[Slide Image Description: This slide shows a picture of an individual sitting at a computer thinking, as well as icons indicating healthcare, a house, and two hands holding a heart.]

- The CARE process is more than just about court hearings and legal proceedings.
- CARE is about the county and court working together to support the respondent.
- While the respondent has the ability to refuse services, the county is obligated to provide services agreed to or ordered by the court.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Please reflect on the different phases of the CARE Act process. Consider any questions you may have on the components of each phase. Reach out to info@CARE-Act.org or submit TA requests on our website, **CARE-Act.org**.

_____

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
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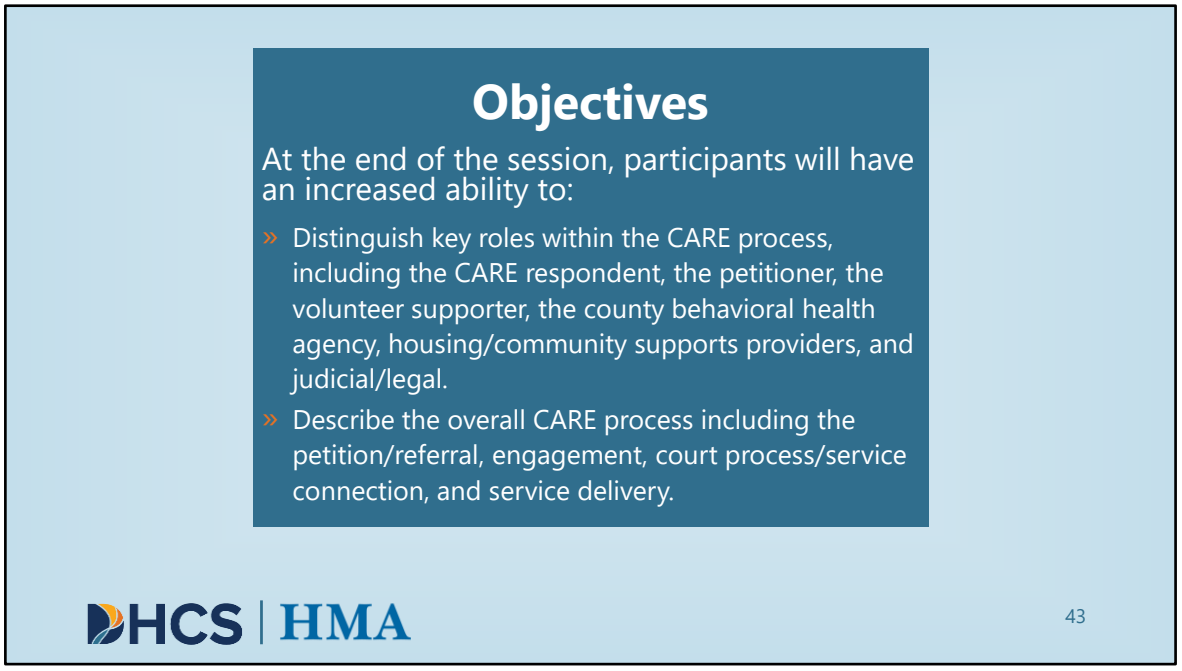
4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the initial appearance).
5. If the respondent still meets the criteria, then there will be a case management hearing.
    - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the case management hearing that a CARE agreement is not likely to be reached, the court will order a clinical evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:

    1. The respondent will graduate (and have a graduation hearing at month 12).
    Or,
    2. The respondent will be reappointed to the program, which can only happen once.



[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Distinguish key roles within the CARE process, including the CARE respondent, the petitioner, the volunteer supporter, the county behavioral health agency, housing/community supports providers, and judicial/legal.
- Describe the overall CARE process including the petition/referral, engagement, court process/service connection, and service delivery.

Hopefully you feel more oriented on some of the roles in the process and the journey through the CARE Act. We'll go over some additional resources in the next slide.

Next Steps

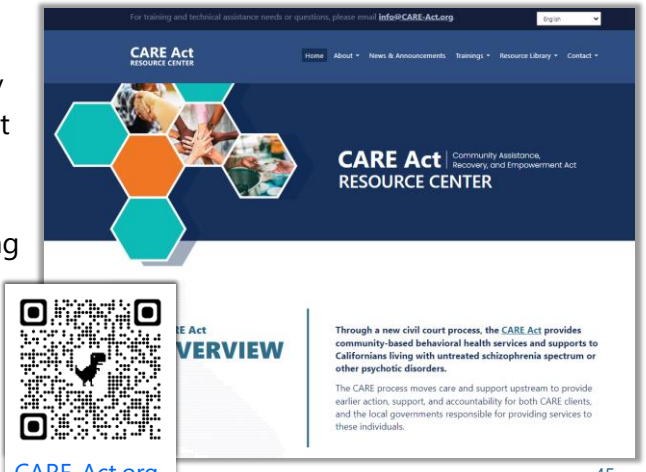
- Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/technical assistance (TA) requests.
- Receive notifications of trainings, TA, and other engagement opportunities by completing the form to join the communication listserv.

[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support you. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

CARE Act Resource Center

- Training & Resource library
- Volunteer Supporter Toolkit
- Family Resource Guide
- Resources for Petitioners
- Data Collection & Reporting
- County Directory
- FAQs



CARE-Act.org

DHCS | HMA

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[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center and a QR code to access it. It also lists components of the CARE Act Resource Center.]

The CARE Act Resource Center is where you can find resources and also find ways to request TTA or communicate.

- Resources
  - Training and Resource library
    - We post all trainings to the CARE Act Resource Center, these include trainings that we have done live and also trainings that we record and are available asynchronously. The training materials include a video (with captions available) and an PDF of the slides and talking points that are tagged for accessibility.
    - We also post resources that have been created both by the TTA team and other useful links created by the Judicial Council, CalHHS, and other groups (e.g., OSPD, SMI Advisors, etc.).
  - We also have a Volunteer Supporter Toolkit and a Family Resource Guide.
  - County Directory: On the CARE Act County Website Directory page, we

include links to Self-Help Centers (which can provide legal information and resources to people without a lawyer), links to NAMI, and then county-specific links (including county CARE websites created by county BH and by courts in counties).

- FAQs: We frequently add FAQs to the Resource Center based on questions that come up during trainings, through TA requests, and other avenues. There is an option to search and filter FAQs by topic.

[Slide Image Description: This slide shows an icon of a linkage and lists opportunities to connect.]

There are a number of ways you can connect with us.

- Listserv
- Visit **CARE-Act.org**
- TA request form
- Data TA request form
- Stakeholder feedback form
- Email: info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**